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**How do Lecturers in Higher Education,
teaching Health and Social Care, view the
Phenomenon of Truth within the Context
of their Teaching?**

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Doctor of Education

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I declare that this thesis has been composed solely by myself and that it has not been submitted, in whole or in part, for any other degree or professional qualification. Except where stated otherwise by reference or acknowledgement, the work presented is entirely my own.

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Abstract

How do lecturers in Higher Education, teaching Health and Social Care, view the phenomenon of truth within the context of their teaching?

This thesis addresses a topic which to date has not received any sustained attention within the field of health and social care. The thesis explores the understanding that lecturers in health and social care have of the nature of truth and how their conceptions of truth impact on their teaching and on their relationship with students. The study was conducted through interviews with nine lecturers, from five universities and several disciplines within health and social care, which allowed them to explore their understanding of truth in relation to their teaching.

A phenomenological approach was employed, as this enabled the participants to describe the phenomenon of truth as it presented itself to them through their own lived experience and as it was imbricated in their teaching. In order to analyse the lived experience of the lecturers I used an interpretative phenomenological analysis (IPA) approach because it is concerned with the interpretation of particular experiences of a phenomenon.

One of the key findings that emerged from the analysis was that none of the lecturers believed that there was one version of truth but rather multiple truths or realities, often based on uncertainty rather than a certainty. The suggestion was that what was being taught in class was a theory of provisional validity rather than an absolute truth and this heavily influenced the way these lecturers saw their role within their students' journeys towards their own versions of truth and authenticity. The study participants held that if students could become comfortable with questioning truth and accepting that more than one version of the truth exists, then they were enabled to deploy the art of critical evaluation and analysis within their own learning. Underpinning my analysis of my findings regarding the lecturers' perceptions of their role in encouraging critical thinking and authenticity is the work of Barnet and Kreber. Barnet (2007) claimed that in order to become authentic, an element of critical thinking is required and Kreber (2013) builds on this when she suggests that authenticity is associated with being true to self in a critical social theory sense.

Further key findings are very much related to the unique dimension of my study being placed within health and social care and include the connections between the nature of truth and matters such as: the participant's identity as a health and social care professional and the influence this has on their teaching; how conceptions of truth impact on the health and social care knowledge base within the disciplines of the participants and how this discipline knowledge underpins their teaching; the relationship between the participants' conceptions of the nature of truth and the professional attributes that feature in the participants' teaching; and how the understanding of the nature of truth links into the health and social care curricula. The thesis concludes by discussing implications for theory and practice that appear to flow from the findings of this study.

Chapter 1: Introduction

The phenomenon I have researched in my thesis is that of the idea of ‘truth’ as understood by lecturers teaching in the Health and Social Care disciplines and how this understanding affects their teaching. When using the term discipline, this includes lecturers in health care, lecturers in social work and lecturers in nursing. Nursing further breaks down into four disciplines: adult nursing, children’s nursing, mental health nursing and learning disabilities nursing. As well as the lecturers’ understanding of the nature of truth, I was also interested in how these lecturers perceived their conception of truth as impinging on their relationship with students and on the students’ learning experiences.

The interest in this phenomenon emerged during the second module in the EdD, entitled *The Nature of Enquiry*. In exploring the origins of knowledge, it seemed to me that at some point we question the ‘truth’ of knowledge and where it comes from, or if it indeed exists. In fact it seemed possible that the term knowledge could refer to a multiplicity of concepts including a set of belief systems, a factual description or an empirical piece of evidence. However, I kept asking myself how do we know if any of these are true and what part does the lecturer’s understanding of truth play in influencing students’ construction of knowledge? When exploring these questions about what knowledge and truth are it seemed important to begin by outlining the context and goals of social enquiry which lead to knowledge, or ‘epistemology’, or the ‘truth’. However, the question I continually asked myself was how did I know if the knowledge I thought I was sharing with my students was the ‘truth’? I began to be concerned that there was no way to distinguish between the truth and assumptions in the knowledge I was sharing with students. I was also keen to investigate how this notion of truth impacted on students during the teaching I was delivering and also how it affected my relationship with the students in the context of my teaching. I wondered if my truth was the same as theirs and if not how did I enable their own journeys towards an understanding of truth? All these questions paved the way to the following research.

A second experience in my own learning further inspired me to question and ponder this notion of truth in relation to learning and teaching. In feedback on an assignment, the annotations included comments about the truth of some of my writing with the observations 'not true' and 'simply not true'. Again I was left with the dilemma of what exactly this term truth meant, had I lied in my script or simply misinterpreted a theory or misquoted or been inaccurate in my discussion of it? It was this incident which finally inspired me to investigate this topic for my thesis.

In considering my own teaching of child development, I was not convinced that I regularly taught a 'truth', although many of the developmental theories I taught probably did relate to 'reality' in that they were often based on observation, such as with Piaget's theory. By encouraging students to analyse these theories critically, surely I was facilitating them to find the truth or at least their truth, or a truth?

Goldman has observed that truth is the fundamental epistemic end of education (cited in Siegal, 2005, p.345) and Seigal goes on to quote Goldman as saying 'critical thinking is merely instrumental with respect to that fundamental end'. This seemed to me to suggest that my role as a teacher was to facilitate students towards this truth and that their role was to use their critical thinking to reach this truth. Goldman (1998) claimed that 'Critical thinking or rational inference is a useful *means* to the fundamental epistemic end of true belief' (p.445-6) which could suggest that our role as educators is more usefully focussed on enabling students to learn critical thinking skills as a tool to access the truth rather than teaching them what we may believe to be the truth. However, this raised more questions about what impact my conception of truth would have on their understanding of truth and indeed further how would we recognise we had reached this epistemic end?

It quickly became apparent to me that to categorically define truth is difficult and it has different meanings to different people, relative to their own experience or interpretation of experiences. Indeed, in some of my pilot interviews it was sometimes suggested by the participants that there were several truths dependent on the context of the teaching situation. One illustrative comment was 'I would want to frame any conversation around the notion of truth in higher education within a context, whether that be of scientific comparator, objective realness or an objective truth outside our

own experience'. Being alert to the horizon in which truth is viewed seemed to me to be an important perspective to keep in sight within my analysis.

Williams (2002) argues that we should not demand a definition of truth because it is connected to concepts such as meaning, reference and belief and that it is better to explore the relations between these concepts rather than trying to categorically define truth. This argument had resonance for me so I chose to use the term 'conception' of truth in my research question rather than asking for an absolute definition, as I did not think I would get just one accepted definition and I thought the word conception would leave it open enough for participants to tell me about their own lived experience. In order to understand the meaning of truth and other lecturers' perceptions of the truth in their teaching, I decided it would be important to speak to lecturers individually rather than as a group so that I could find out what their own understanding was and how they had come to that understanding. Further, I also wanted to know how their understanding of truth impacts on their teaching and their interactions with students. My own experience of teaching is in Higher Education (HE) and thus I wanted to explore this phenomenon with other lecturers within the HE sector in my own discipline of health and social care.

Given that phenomenological research generally deals with people's perceptions of meanings, attitudes and beliefs and feelings and emotions in relation to a phenomenon (Denscombe, 2007), it appeared to me to be a very fitting approach to use when finding out an individual's definition and understanding of the meaning of truth. As mentioned, the conception of truth is personal to each lecturer and using this methodology allowed for a deep exploration of their personal experiences.

A phenomenological approach allows for the study of people's experience in relation to their perceptions of the world and how these perceptions relate to themselves (Langdrige, 2007). Accordingly, it was the approach that was best suited to exploring my participants' understanding of the nature of truth and their views on how this understanding of truth impacted on their students. A phenomenological methodology informed my approach on how to conduct the interviews with my participants and what type of questions to ask.

The methodology chapter in my thesis, therefore, identifies how the data collection and analysis proceeded and highlights limitations associated with my choice of methodology. In order to test out the methodology I chose to use, I also conducted a pilot by collecting data, using a semi-structured process of interviewing, from four participants from different disciplinary areas in higher education, these being: business, science, education, and sports science. These trial interviews were invaluable in allowing me to test the feasibility of the research and to determine that I needed to concentrate on one discipline, health and social care, rather than having a wider compass for my study.

My own background is within children's nursing and complementary medicine and it was appropriate for me to choose health and social care lecturers because I was part of the discipline and could have an understanding of the issues being discussed. This decision was reinforced at my progression board, when I was advised to concentrate on health and social care so that the study would be manageable in size and focus.

Once I had decided the disciplinary area I was going to concentrate on within my study, I needed to think about how I would best get the information I was seeking about the nature of truth in relation to teaching. I decided that I needed to be very clear about what question/s would focus both my participants and myself, during the interviews. In addition, the question/s needed to be focussed on the research topic in a way that would allow for the participant to concentrate on their own understanding and experience of the research topic. I decided that to achieve this, I needed one or two clear research questions which would keep the aim of the study in focus. The next section will inform how I went about constructing my research questions.

1.1. The Research Questions

As I have identified, the aim of phenomenological research is to focus on people's experience and /or understandings of a particular phenomenon (Smith et al., 2009). In order to convey the intentions in the research question, often words such as explore, investigate, examine or elicit appear which results in the research question being 'process-oriented' (Smith et al., 2009). Smith et al. further suggest that research questions should be open not closed and should be exploratory not explanatory.

Additionally, they may reflect process rather than outcome and concentrate on meaning rather than concrete causes or consequences.

Taking these points into consideration in relation to my research, in order to explore lecturers' understanding of the nature of truth within their teaching, I decided on the following research questions:

1. What conceptions of truth are held by Higher Education lecturers within the Health and Social Care discipline?
2. How do these lecturers perceive these conceptions of truth as impinging on their teaching and their relationships with students?

I thought this was an exploratory approach that would enable me to encourage participants to relate their personal experiences through reflection, thus forming a description and definition of their own conceptions of truth as well as a sense of how these conceptions impact on their teaching and interactions with students. Reflection is a process utilised by health and social care practitioners both in practice and teaching and is encouraged in the student learning experience. Redmond (2004) believes that the goal of reflection is to encourage a transformation in perspective and is a learning process. This transformation is enabled by the ability to reflect on one's actions so as to engage in a process of continuous learning and the opportunity to make changes in response to the learning. In view of the importance of reflection in both learning and in the health and social care discipline, it will be discussed further in the Literature Review.

I chose the word conception as opposed to concept because I see conception to be more about the way the truth is perceived by the lecturers and thus would give me a better understanding of their lived experience. Whereas the word concept seemed to me to be more about a general notion of truth which was pertaining to an abstract idea rather than a personal experience.

To gather and analyse my data, I used an interpretative phenomenological analysis (IPA) approach which is used in qualitative enquiry and is 'committed to the examination of how people make sense of their life experiences' (Smith et al., 2009, p.1). IPA allows the researcher to consider how experiences in people's lives take on a particular significance for them. This is done by talking about the awareness a person

has of a particular phenomenon and encourages a process of reflection, allowing the person to realise the significance of the experience. My interviews allowed for this process to occur in relation to the participants' understanding of the phenomenon of truth and how it impacted their teaching and relationship with students. The methodology chapter will outline how this process took place.

In my findings chapter I will show how, by close examination of the transcripts from the interviews with my nine participants, themes evolved which were common to all the participants. As the Methodology and Findings chapters will reveal, attention was also given to how frequently the themes were demonstrated in the interviews. The identification of the themes, each of which is sub-divided into several elements, has allowed me to present the findings from the participants' interviews in a coherent and comprehensive way, demonstrating similarities in experiences and differences. This in turn enabled an analysis of each participant's individual lived experience, remembering that this is the focus of phenomenological study.

Finally, the discussion chapter has allowed me to make sense of my findings in relation to literature identified in the Literature Review and has at times drawn on literature not originally considered in the Literature Review. This was because my discussion identified where my findings were unique to the particular participants' lived experience and fresh literature was utilised to enhance my analysis. The discussion revolves around the themes which I found. However, to tackle all the elements of these themes individually would have been cumbersome and would have possibly led to a more superficial discussion. To provide a comprehensive, but at the same time clearly focused, discussion it is organised into six central topics which subsume all the themes and sub-elements of the individual themes. The discussion also highlights limitations with the study and sets out potentially productive future directions for research on this topic.

1.2. Contribution to Knowledge

While there is abundant literature on theories of truth and philosophical debates concerning truth, there is a lack of preceding work on how the nature of truth is understood by lecturers within health and social care. My contribution to knowledge therefore centres on an exploration of health and social care lecturers' understanding

of the nature of truth and what perceptions they have of the impact this understanding has on their teaching and relationship with students. The description and discussion of these conceptions of truth are analysed in relation to recognised theories of truth as outlined in the literature review and this in turn gives an understanding of, and insight into the significance of, these conceptions and points to parallels within the framework of truth theories. The end result is an analytical delineation of health and social care lecturers' conceptions of truth.

In turn, this leads to an account of how these conceptions of truth impinge on the lecturers' teaching and relationship with their students. These lived experiences are again analysed using the literature which discusses how education in this discipline links with concepts of truth.

My hope from this study is that I may be able to contribute to lecturers' understandings of their own 'truth' and how it may vary from the students' truth, that this process of learning for the student can be respected and not crushed by a negative answer but met with a more thought-out and accepting response.

Chapter 2: Literature Review

2.1. Introduction

This literature review will start with a section that examines different definitions of truth and provides a discussion of central Theories of Truth. It is important to address these theories as they underpin much of the Findings and Discussion in this thesis. The second section will explore links between Theories of Truth and Theories of Knowledge in order to demonstrate the overlap between them. This serves as the backdrop to the first research question investigating what general conceptions of truth health and social care lecturers have. The third short section will define and outline Existentialism, both as a philosophy and way of life, which I found linked to many of the specific themes that were identified from my analysis. For this reason, existentialism will reoccur as appropriate in several sections of this chapter. The essence of Existentialism focuses on the existence of the individual person as a free and responsible agent determining their own development through acts of will. It can be interpreted as encouraging the positive ways we act in life by being aware of the role ethics plays within society and for our own existence, thus allowing us to be caring for both ourselves and others. For this reason, I found it to be an appropriate theory to use as a foundation within my thesis which involves professions where caring and acting in a positive and ethical manner are the essence of their motivation.

The following sections will review literature that relates to the six themes, derived from the findings of the study, which feature in the Discussion chapter. These six themes address theories of truth in relation to specific issues identified by health and social care lecturers, such as identity, teaching role, health and social care curriculum and knowledge, professional attributes, authenticity and the impact all these have on the students. This literature will underpin the second research question and give force to the idea that the understanding of truth may impinge on the lecturers' teaching and their relationship to their students.

My reason for approaching the literature review in this way is twofold. Firstly, it was important to have an underpinning knowledge of theories of truth and theories of knowledge in order to understand and analyse what my participants were telling me.

Alongside this, it was evident that these theories linked to what my participants were telling me about their own personal conceptions of truth, even if they did not always frame these conceptions within a ‘standard’ philosophical theory, or theories, of truth.

Secondly, it was evident to me on my initial search of literature in relation to truth theories that there was an apparent lack of literature focussed purely on theories of truth and knowledge in relation to teaching within the health and social care discipline. My aim therefore was to bring the more general literature related to theories of truth and knowledge together to understand how it may be useful in creating a more specific framework relating truth to the teaching of health and social care disciplines. This in turn enabled me to assess and discuss the impact that theories of truth had on the teacher and student relationship and draw them all together in relation to the health and social care discipline.

2.2. The Nature of Truth

Kirkham (1995) notes how, in order to answer questions about what truth is, philosophers have created their own ‘theories of truth’. He observes some of the questions and purposes that have been linked to the quest of defining truth as follows:

- What is truth?
- What is it for something to be true?
- What do we mean by the terms ‘truth’ and ‘falsehood’?
- To find the ‘criterion of truth’
- To provide an account of the use of truth
- To find the criteria of evidence
- To show how the truth conditions of any sentence depend on the structure of the sentence
- What are the necessary and sufficient conditions of statements of truth?

Kirkham (1995, p.2)

In attempting to define the meaning of truth there can be ambiguity, vagueness and disagreement about what truth actually is. In order to underpin my data collection it was necessary to have in place a framework of ‘Theories of Truth’ which assisted the creation of themes at the stage of analysis. This was because the theories of truth helped me to interpret and understand what my participants were saying about their

own conceptions of truth and in turn enabled me to organise this interpretation and understanding into related themes. The Interpretative Phenomenological Analysis (IPA) methodological approach to my study involves *interpretation* of the lived experience of my participants, of their 'lifeworlds' (Langdrige, 2007, p.127). Having a grounding in theories of truth enabled me to do this.

Theories of Truth often refer to the role that knowledge plays and this link will be highlighted within the consideration of theories of truth as it seemed to be an inherent part of teaching, either through sharing theoretical knowledge or by the lecturers sharing their own knowledge about practice settings in the case of health and social care. The aim of my study was to capture how lecturers in higher education, specifically teaching Health and Social Care, view the phenomenon of truth within the context of their teaching, and at the same time demonstrate links between truth and knowledge. Therefore, I needed a methodology which could encapsulate the lived experiences of the participants in relation to this phenomenon. Hence I chose to use a phenomenological approach which allowed me to consider each participant individually which was important as they had their own unique ways of viewing truth in relation to their teaching and how knowledge is formed.

I will discuss my use of phenomenology further in the methodology chapter, however I think it is important to acknowledge at this stage that phenomenology is often linked with existentialism in that existential phenomenology allows us to focus on existence or our experience of the world as it is lived by us (Langdrige, 2007). Existentialism, Flynn (2006) suggests, is a philosophy which revolves around the practice of 'care of the self' (p.1), based on Socratic philosophy and its focus is on the proper way of acting which is not based on a set of abstract truths. He further observes that the existentialist lives by a personal notion of truth rather than by a detached and scientific set of truths and this appears to be consonant with my aim to encourage participants to talk to me about their own personal understanding of truth.

When analysing my data and themes I have used the phenomenological approach of Interpretative Phenomenological Analysis (IPA) which I will discuss further in the methodology chapter. However, it is important to acknowledge here, that IPA has been informed here by a particular philosophical approach concerning truth and knowledge

that fitted my research well. Philosophically, IPA centres on looking at the individual's understanding of the world in order to 'make sense' of it. It can be argued that these individuals' acts of understanding of truth stand out in sharper relief when viewed against the comprehensive survey of formal theories of truth provided in this Literature Review.

Moran and Mooney (2002) suggest that two important phenomenological concepts are truth and being and that the concept of truth revolves around the notion that it is a correlated intentional act of identity. In the context of my thesis, the process of looking for truth can occur as we consider theories and attempt to identify correlations within them that fit with the health and social care arena. This allows for the identification and exploration of knowledge appropriate to the health and social care profession, by both health and social care lecturers and their students.

The study of knowledge and understanding, known as epistemology, is a long debated one in which there can be no single definition. Central positions within epistemology include empiricism, idealism, rationalism and constructivism which all suggest different ways of seeing, reasoning about, rationalising or constructing knowledge and thus theories of knowledge. Each of these schools of knowledge necessarily touches on questions concerning truth and thus theories of truth. For example, as mentioned in detail later, the correspondence theory of truth links to empiricism, the coherence theory of truth links to rationalism, the consensus theory of truth has similarities to idealism and the pragmatic theory of truth could be said to be a constructivist theory of knowledge.

In order to assist the understanding of the interplay between Theories of Truth and Theories of Knowledge, the following sections will identify the main Theories of Truth and point out their relationship to corresponding Theories of Knowledge. This in turn relates to the phenomenological notion that once truth is identified it can be aligned with knowledge which can help inform us, in this instance about the understanding of truth within the health and social care arena. These sections also form the framework which underpins my data analysis and interpretation of the participants' understanding of the nature of truth and how it affects their facilitation of the construction of knowledge by their students.

2.3. The Correspondence Theory of Truth

Kirkham (1995) notes that the correspondence theory of truth is the most venerable theory of truth which dates back to Aristotle's definition of truth and even more to his famous remark:

“To say of what is that it is not, or of what is not that it is, is false, while to say of what is that it is, and of what is not that it is not, is true”

(Cited by Kirkham, 1995, p.119)

This sentence has been viewed as summing up the correspondence theory which, in simple terms, suggests that the truth corresponds to a belief or fact. So if we say a belief/fact is the truth then it is, but if we say the truth is something that does not correspond with a belief/fact, then it would not really be the truth. Thus we could say that it corresponds with an aspect of reality.

The correspondence theory of truth has two branches to it, correspondence as correlation and correspondence as congruence. The first branch says that truth correlates to a state of affairs in that what we propose to be the truth must correspond with what we know through using our senses such as sight, smell, etc. Therefore, if we observe something we can then decide about the truth of it from what we believe about what we have observed.

Alternatively, the second branch suggests that truth must be congruent with facts that are known to have been observed and proved (Kirkham, 1995). It has been suggested that this branch is similar to empiricism in that we rely on evidence to decide if something is true or not, this evidence being our own experience of something or a universal fact.

However, Willmott (2002) argues that the definition of a 'correspondence theory of truth' has been preoccupied with inadequate positivist conceptions and he believes that a correspondence theory of truth should be defined as 'a statement (proposition, belief) is true if and only if what the statement says to be the case, is actually the case' (Willmott, 2002) p359. This seems to reflect what Aristotle was saying and supports the correspondence by correlation branch.

Walker (1989) observes that the correspondence theory of truth implies that truth consists in some kind of correspondence with a reality which is independent of what may be believed about it. This could occur when we see a reality about something which changes our belief, thus the new reality is the truth not the old belief.

However, Kirkham concludes that while there are two branches of correspondence theory, the similarities between them, if not at first obvious, can be demonstrated by Russell and Austin's work. Austin (1970), associated with the correlation branch, posits that there is a theory of 'meaning' in his theory of truth but Russell (1971), associated with the congruent branch, states that there is a theory of 'belief' in his theory. In Kirkham's analysis of this dispute, he suggests that when both 'meaning' and 'belief' are removed from the equation, both theories have the same two necessary conditions, firstly an independent existence of a fact and secondly the need for the truth bearer to be connected to the fact (Kirkham, 1995). In other words, 'meaning' and 'belief' only complicate the definition because both Austin's and Russell's theory share the two necessary conditions which define truth, one being that a fact exists and the other condition being that the truth bearer is connected to the fact that exists. What is different for them both, however, is the role that 'meaning' or 'belief' take within this definition.

The link between this Theory of Truth and Theories of Knowledge can be seen here in the use of the word belief and truth. Plato suggested that there are three conditions which need to be satisfied in order to gain knowledge. These were known as the tripartite theory of knowledge, which states that knowledge must be believed, be truthful and have justification (Crombie, 1963). Thus, in order to gain knowledge we must first be able to believe in it before we can 'know' it. Once we 'know' something then it must be true and this truth underpins our knowledge. Finally, once we know something to be true, we must be able to justify this by having a good reason to believe it to be true; thus demonstrating the close interplay between truth and knowledge.

As well as knowledge needing a belief to be based on rational grounds, Audi (2011) notes that beliefs need to be grounded in perception in order to create knowledge. Further, perception is a source of knowledge which can be justified and contains several elements such as the perceiver, the object, sensory experience and the

relationship between these elements. However, as Pritchard (2009) observes, when forming beliefs we tend to assume a lot thus running the risk of creating false beliefs irrespective of what perceptions they relate to, grounded or not. In the correspondence theory of truth the grounded truth would be assessed by its correspondence with belief or meaning.

Given that I have used a phenomenological approach as the methodology of my study, it is interesting to note that Husserl subscribes to a particular correspondence theory of truth. Husserl (1994) suggests that in order to understand truth we need to look at how we can see a correspondence between a representation and objectivity. He further suggests that truth as correspondence presents itself to us in our experiences and that it is within these experiences that the truth can be analysed. This correlates to what some of my participants said about truth being dependent on personal experience and interpretation. This also interlinks with the underpinning philosophy of phenomenology as being about each participants' lived experience. So here, I can see a link between the lived experience of each participant's understanding of truth and how this understanding of truth is dependent on their individual experience, looking to me almost like a full circle of recurring lived experience relating to truth formation.

2.4. The Coherence Theory of Truth

Walker (1989) observes that coherence theorists say that 'for a proposition to be true is for it to cohere with a certain system of beliefs' (p.2) and the suggestion is that it is the coherence that is vital for truth not the actual system of beliefs.

This conception of truth can be seen to be consistent with rationalism, which allows us to decide on the truth, not through personal experience but by using a formulation which seems logical and makes sense to us. Blanshard (1939) posited pure truth to be a fully coherent set of beliefs which in turn leads to a systematic and complete picture of the world. This was based on his ideas around truth being a set of beliefs which are justifiable but Kirkham (1995) argues that this is idealistic and asks how different sets of beliefs from different individuals, albeit systematically presenting a picture of the world, can all be true if based on individuals' ideals.

However, it may be that an answer to Kirkham's criticism is provided by Walker (1989) who suggests that the definition can be vaguer, in that it is simply a consistency with the basic principles that 'characterise' the system of beliefs. The characteristics of the systems of belief have to be decided on by those sharing the belief and can be based on the laws of logic or perhaps a set of principles of scientific inference. Therefore what makes it a coherence theory is that for a proposition to be true it will fit into a designated set of beliefs and be consistent with other propositions. A proposition may be consistent with a designated set of beliefs but would fail to be consistent with a different designated set of beliefs.

Walker (1989) points up that the Coherence Theory of Knowledge is related very closely to the Coherence Theory of Truth in that it is based also on a system of beliefs which in the Theory of Truth must be coherent and in the Coherence Theory of Knowledge must also be justified in terms of our beliefs. A problem with this is that it is very difficult to show that any of our beliefs are justified because they are often based on assumptions. However, Walker argues that it is this coherence with our and others' beliefs which does in fact justify the claim of knowledge and not the assumptions on which the knowledge claim is based.

Lehrer (1990) further points out that the construction of justification in coherence theories of knowledge depends on 'the way in which the parts fit together and delicately support each other rather than because they rest on a concrete foundation of basic beliefs' (p.14). Thus it would seem that knowledge in this instance is coherent and justified because there is an ability to relate it to a coherent system of beliefs which we hold to be true. This close interaction between truth and knowledge in the Coherence Theories informed my analysis of the interconnections that my interviewees demonstrated when discussing the question of truth in their teaching and how it linked to their own theory of knowledge. They suggested this was done through a process of fitting truth and knowledge together in a coherence that worked for them.

2.5. The Consensus Theory of Truth

In this theory, the proposition of truth is what the majority of a group of people believe, i.e. it is based on a community belief. An ancient criterion of truth, the consensus gentium (Latin for 'agreement of the people') states "that which is universal among

men carries the weight of truth" (Runes, 1962, p.64). It is suggested that consensus theories are underpinned by this principle. As mentioned earlier, Kirkham observes that one of the issues identified in the process of defining truth was the need 'To find the criterion of truth'. This notion of finding consensus of truth by identifying criteria to be agreed on is relevant when thinking about agreed knowledge within the health and social care disciplines, which appear over time to have done just that by agreeing criteria that create their own discipline truths.

Habermas (1976) claimed that 'the truth' of utterances in both empirical science and hermeneutic interpretations is to be understood as the ideal consensus of competent practitioners in those particular disciplines. This, Hesse (1978) argues, was the underpinning of Habermas' consensus theory of truth but the difficulties arise when defining words such as 'ideal' and 'competent'. There must also be a consensus in the definitions and a shared understanding and agreement; and indeed Habermas suggests that specific disciplines will already have this shared understanding within their knowledge base.

Interestingly, Habermas is usually thought to be a pragmatist but, as suggested by Kirkham (1995), when defining the truth and discussing theories of truth there can be a cross-over and sharing of elements of the theories of truth. I found this to be an important matter to remember when looking at my analysis, in that there is not always one absolute neat theory to align the findings to as there are often cross-overs and a sharing within the theories of truth.

Rescher (1995) states that the consensus theory according to Habermas is based on unrealistic expectations of consensus, that a majority can have a consensual agreement about what truth is. However, as following chapters will reveal, in the context of my thesis there does appear to be a consensus within health and social care generally and within disciplines about certain aspects of what defines appropriate knowledge that can inform practice. There also appears to be a suggestion from my participants that it is important to share these knowledge components with students which in turn allows the students to explore these areas in search of their own truth.

2.6. The Pragmatic Theory of Truth

The pragmatist believes there are no totally undoubtable truths, because truth can only be obtained by the future results of current events. The pragmatic theory of truth holds that the proposition of truth is whatever is useful and profitable to us and whatever brings us a benefit. It has been suggested that pragmatism is an approach that evaluates theories or beliefs in terms of the success of their practical application (Kirkham, 1995).

The pragmatic theory of truth is derived from the philosophical school of pragmatism and is linked often to William James, a philosopher of this school of belief who suggested that the connection between reality and true ideas depends on the mind (James, 1907). Therefore, it seems that truth is open to the interpretation of individuals depending on their 'mind' or beliefs or reality and if it is agreeable to them to believe their reality is true, so be it. This seems to be a relativist approach and indeed James was linked with the notion that the truth is relative to personal belief.

Knowledge can imply there is an acceptance and truth to a perception (Lehrer, 1990) but this is not necessarily a reality for everyone, so it could be argued that truth is only relevant for those who share the perception. Perceptions which contribute to knowledge may link to realities, however perceptions will vary from person to person so what is real or knowledge will surely be different for individuals. This was important to remember when interviewing my participants who created knowledge based on differing perceptions which at times linked to different versions of theories of truth. Whilst the impact this had on the student was not explored in my thesis with the students directly, the expectation from participants was that each student also had their own perceptions based on their own reality and leading to their own truth.

Another leading philosopher in the pragmatic school was Charles Sanders Pierce and he stated that in order to determine the meaning of words such as truth we have to consider what the practical consequences would be from our definition and the concept that would evolve and be shared with others (Pierce, 1878). I found it valuable to keep this insight in mind in both the participants' interviews and the analysis of their interviews. Pragmatism is a good tool for us to find a middle ground in shared beliefs, which allows for an understanding of difficult concepts such as the theories of truth

(Johnson and Onwuegbuzie, 2004). This was also an important point for me to remember when hearing how the participants suggested that students may have their own truths which need to be acknowledged and that a middle ground was what the lecturers were usually prepared to accept. In order to reach the middle ground which acknowledged both the students' own truth and the lecturers' interpretation of truth, lecturers suggested that both the students' and lecturers' viewpoints must be discussed and the middle ground reached in a practical and reasonable way.

While I was interested in this thesis in the personal lived experiences of those participants interviewed, in order to understand and begin to explain their experience, a good starting point was to assess similarities in their discourse to these main theories. However, I found on the whole that it was difficult to align their discourse to just one theory of truth as there was often contradiction and difference, similar to Nietzsche's claims about truth that it 'seem hopelessly confused and contradictory' (Clark, 1990, p.1). On reflection though, I realised this was not a problematic issue ultimately because the whole point of using a phenomenological approach was to identify this dissonance within and between participants and the use of IPA allowed me to examine the 'confusion and contradiction' in order to make some sense of it on an individual basis, recognising at the same time that human nature is always full of contradictions.

2.7. The links between Theories of Truth and Theories of Knowledge

There seems to me to be an overlap between truth and knowledge at times, both in the literature and my participants' thoughts on truth and knowledge. If we recall the theories of truth, belief is a dominant theme in recognising truth. Similarly, as we saw earlier, Plato's tripartite theory of knowledge requires belief to formulate knowledge. In addition, in correspondence theory the congruent branch depended on a link between recognising truth through our beliefs, in coherence theory truth is recognised through systems of beliefs, in consensus theory a community belief is important and lastly in pragmatic theory it is personal and shared belief which helps us to recognise truth. So we can see that in both theories of truth and theories of knowledge the two attributes of belief and truth are closely interlinked to the justification of truth.

In Plato's dialogue *Theaetetus* it is stated that knowledge is more than sensation or perception and is placed in the field of 'thinking' and 'judging' which is an activity of the mind. Further, it is suggested that judgements may be true or false and that it is only true judgements that can be called knowledge (Cornford, 1973). However, the difficulty here is that if only true judgements can be called knowledge there must be a way of reaching the true judgement. The most obvious solution would be to subscribe to one of the theories of truth in order to validate a belief into a truth and subsequently knowledge, resulting once again in belief being the link between truth and knowledge.

What was important for me in my thesis to remember was that knowledge and truth are indeed closely linked and that when my participants talked about knowledge, I needed to identify what part they thought truth played in their definitions and discussions related to knowledge, or indeed if they even separated knowledge and truth into two distinct elements. This is addressed further in the Findings and Discussion chapters.

Bernard Williams in his book 'Truth and Truthfulness' links truth and knowledge in such a way that it allowed me to think carefully about the questions I asked in my interviews. Williams (2002) says that there is a claim that when a speaker makes an assertion, the aim is at 'the truth' (p. 66). When I asked questions in my interviews, I kept this thought in mind and assumed that participants were aiming to tell me the truth, rather than trying to decide for myself if the participant was telling the truth. After all, how would I know if they were telling the truth or not and adding an element of guesswork by deciding if it was a true statement or not was not helpful.

However, Williams further notes that it has been claimed that 'the norm attached to assertions is knowledge' (p.76). This does not mean the knowledge is necessarily accurate, as sentences can be uttered without accurate knowledge being attached to them or indeed knowledge can be passed on but not understood by the recipient. It is for the recipient to assess how truthful the knowledge passed on to them is. I found this to be a useful distinction both in my interpretation of what the participant was telling me and also in the analysis of how the participants, as lecturers, viewed the statements that students made to them, in relation to the knowledge they were teaching. In the instances of lecturers sharing theory with the student, my thought is that listening

to what the student was saying about what they were learning allowed the student to go through the learning process and practise the skills of critical thinking, whilst the lecturer could assess the accuracy of the statement in terms of knowledge and truth.

If indeed it is part of a lecturer's role to enable students to explore their own understanding of truth in relation to knowledge, this needs to be done within the confines of the curriculum and assessment process, which in higher education is often outcome led. Strhan (2010) discusses the difficulty in education today of teaching based on Badiou's belief that 'the only education is an education by truths' (Badiou, 2005 p. 14). Strhan suggests that in a climate in higher education where education is predominantly structured by performance and assessment, it is difficult to see how education can be only by truths. However, in spite of this climate, she concludes that 'as teachers, if we are to see our role as helping students to encounter truth-procedures, we are challenged to assist them to see the truths they encounter as precious, fragile and dependent on those who recognise past events as continuing to exist as truths' (p.249). What she suggests is that as educationalists, while we must work within the confines of performance and assessment, we must not let this obliterate the point of education and the teaching of truths. This teaching of truths can be seen to lead to the formulation of knowledge for the student, again demonstrating the link between truth and knowledge.

Slabbert and Hattingh (2006) note that the pursuit of knowledge as a universal truth has been a common practice but it is a practice which they believe should be discontinued. They suggest that this 'positivist scientific consciousness' creates an unworkable and dangerous blueprint for human thought and knowledge and that a modern curriculum should introduce 'meaning and holism' which will educate students to function in the world in the future. In contrast to Slabert and Hattingh's discussion of the notion of truth and 'truth', is the writing of Bailey (2001) who suggests those who believe there is no one universal truth are *veriphobes*. He defines veriphobia as 'the fear of truth' and suggests veriphobes share a denial of the merit, or even possibility, of truth. He believes this to be self-contradictory and antithetical to genuine inquiry and further that it should be abandoned by researchers and educationalists. With these dichotomies evident in views of the relationship between truth and knowledge, I see my thesis as being able to contribute to this discussion in

relation to health and social care teaching. In the next sections I will focus more on questions concerning truth specifically related to the teaching of health and social care knowledge and the particularities related to the disciplines within health and social care. This will be in relation to both the role of the lecturer as well as the perceived impact on the student.

2.8. Existentialism

Existentialism is both a philosophy and a way of living. According to Flynn (2006), a philosophy in itself is an exploration of basic truths about human nature and the universe, exploring both moral truth and scientific truth; whereas existentialism, while a philosophical movement, is more bound up in the exploration of personal truth and how to live as an individual, acting responsibly and in an ethical way for both society and the self.

Flynn (2006) goes on to say that truth in existentialism is about considering the options one has and reflecting on the outcomes. Once this has occurred a choice can be made and it is only by following through this choice that we can make it the right choice and this choice and truth is subjective to our own personal decision making, not an objective truth based on science.

Soren Kierkegaard (1813-55) and Friedrich Nietzsche (1844-1900) are sometimes referred to as the 'fathers of existentialism' (Flynn, p.3). Whilst Kierkegaard (1992) talked about truth as being subjective to the existing person, Nietzsche (1986) suggested that personal power was essential to existence in order to become what you are.

Looked at in broad overview, existentialism can be seen to have an emphasis on individuality, freedom and personal responsibility. I have found existentialism to link to many aspects of the current study such as truth, phenomenology, knowledge, authenticity and attributes of health and social care, to name just some.

2.9. Truth in relation to the identity of health and social care practitioners and their role as lecturers.

As we have seen earlier, it is difficult to define truth and to even recognise it when we see it both on a personal level and in our professional role as a teacher or academic.

This lack of confidence by academics to define truth has been discussed by Butler (2002), who suggests that the analysis of truth is an attack on authority and reliability in relation to our attempts: to interpret philosophy, understand the associated narrative and to identify the relationship between art and truth. He suggests that this sceptical attitude has had an effect on academics and has led to a lack of confidence in the truth. This is from a post-modernist viewpoint and it helps us to notice that while theories may deconstruct the way we see the world and lead to us being unsure of the truth, by considering these deconstructions we can also accept the dissonance that occurs in humans and allow for the discovery of truth within our own limits of experience and understanding. For lecturers teaching in health and social care, whilst they may find defining truth difficult, one truth they are able to relate to is how they view their identity within their previous roles as practitioners and the importance of this identity in their teaching, in order to share experiences and practice knowledge with their students.

Given that the health and social care lecturers who participated in this thesis were *practitioners* within health and social care before taking up their teaching roles, it seems necessary to look closely at how the term ‘practice’ is to be understood. What also are the relations between truth, knowledge and disciplinary and professional practices? Very detailed consideration of the nature of ‘practices’ has been provided in the differing perspectives of Wenger (1998) and MacIntyre (1984).

Looking first at Wenger’s account of practices, his portrayal of ‘communities of practice’ has greatly influenced research and development work in higher education and workplace learning in the last two decades (Anderson and McCune, 2013). He defines practice in the following terms: ‘The concept of practice connotes doing, but not just doing in and of itself. It is doing in a historical and social context that gives structure and meaning to what we do (Wenger, 1998, p.47)’. It is important to note that he does not see practice narrowly in terms of the exercise of cognitive capacities and of skills but claims that ‘the process of engaging in practice always involves the whole person, both acting and knowing at once (pp.47-8)’. He identifies three dimensions that define a community of practice, that participants: display *mutual engagement*, engage in a *joint enterprise* and draw on a *shared repertoire* (p.73.) One line of critique of Wenger’s portrayal of communities of practice is that he presents them as being

somewhat bounded as opposed to being open and permeable entities (Trowler, 2008, p.53). However, as Anderson and McCune (2013, p.285) observe:

It is necessary to recognise a considerable shift over time in Wenger's writings towards a more dynamic conceptualisation of communities. In *Digital Habitats* published in 2009 one can see a movement towards viewing communities of practice as more dynamic and open systems with permeable boundaries (Wenger et al. 2009). In this text, individuals' 'multimembership' in many different communities is seen as injecting an element of dynamism as individual members of a community bring with them different purposes and patterns of participation (pp.89-93).

This more open conception of communities where members have 'multimembership' in different communities can be seen to fit the situation of health and social care students who need to negotiate their participation within and across the different 'communities' of higher education, individual wards, clinics, etc. It also fits the situation of health and social care lecturers. Kreber (2010, p.173) has noted that 'it is a widely shared view that academics construct multiple identities due to their membership in several communities at different levels'. The Findings chapter will reveal that this observation does seem to apply to the participants in my study.

Lave and Wenger (1991) and Wenger (1998) can be seen to present a view of knowledge and by extension of truth claims that emphasises 'situated negotiation and renegotiation of meaning in the world' (Lave and Wenger, 1991, p.51). Lave and Wenger (1991, p.98) note that 'a community of practice is an intrinsic condition for the existence of knowledge, not least because it provides the interpretive support necessary for making sense of its heritage.' This position then would seem to imply that students, including those in the areas of health and social care, are active agents in negotiating their understanding of truth and knowledge but are doing so within the enabling and constraining resources of a particular interpretive community. Indeed, Wenger talks in his 1998 book of how: '*a community of practice acts as a locally negotiated regime of competence*. Within such a regime, knowing is no longer undefined. It can be defined as what would be recognized as competent participation in the practice (p.137).' I will return in the Findings and Discussion chapters to present

and reflect on the way that participants in the current study viewed the ways of knowing and acting within their disciplines.

There is a link here also to identity, as Wenger notes that one's 'membership in a community of practice translates into an identity as a form of competence' (p.153). Looking at identity more generally, Anderson and McCune (2013, p.284) observe that for Wenger 'identity and identity formation are integrally related to learning in formal and everyday settings'. This is illustrated in the following quotation: 'In the process of sustaining a practice, we become invested in what we do as well as in each other and our shared history. Our identities become anchored in each other and what we do together (Wenger, 1998, p.89).'

In his account of practice, MacIntyre shares with Wenger a concern with how practices are embedded within the interpretive work and activities of particular communities, but his account can be read as having different objectives in view. In particular, his philosophical treatment, as opposed to Wenger's ethnographic analysis, brings into central focus the ethical foundations of practice. A considerable number of philosophers of education have found it productive to engage with his account of practice, (e.g., Higgins, 2003; Hogan, 2003; McLaughlin, 2003), although there have also been notes of critique with Smith (2003), for example, writing that 'I agree with those who find MacIntyre's notion of practices opaque and dubious (p.314)'. Spichiger, Wallhagen and Benner (2005), critiquing the 'quest for the quantification of caring (p.305)' have argued that Macintyre's definition of practice can be a valuable lens through which to view 'nursing as a caring practice (p.303)'. Similarly Sellman (2000) and Armstrong (2006) have argued for the value of viewing nursing in terms of MacIntyre's account of a practice.

As noted in the preceding paragraph, for MacIntyre practice relates to the activities, conceptual frameworks and norms of particular communities. For MacIntyre (1984, p.187) practice is defined in the following terms:

... any coherent and complex form of socially established cooperative human activity through which goods internal to practices are realized in the course of trying to achieve those standards of excellence which are appropriate to, and partially definitive of, that form of activity, with the result that human powers

to achieve excellence, and human conceptions of the ends and goods involved, are systematically extended.

It can be seen from this quotation that key to the definition and nature of a community is the pursuit of 'internal goods'. Internal goods valued within a community are distinct from 'those goods externally and contingently related to it such as prestige, status and money (McLaughlin, 2003, p.342)'. They can only be achieved by actually taking part in a practice; and only those who have experience in the practice, whether it be chess or medicine, are placed to judge adequately whether these goals have been reached. As we enter a practice and pursue its valued activities and goods, we come to be guided by its 'standards of excellence' and are drawn into exercising the 'virtues' that are associated with that practice. A practice, such as a specific domain in health and social care, is thus seen to have its own ethos and ethical grounding in particular virtues. One can posit that within the professional areas of health and social care the virtues associated with caring for others and acting towards others with integrity and truthfulness are key to these areas of practice.

At the same time, according to MacIntyre, certain virtues apply across all practices. In Kreber's words (2013, p.85): 'He claims that 'we have to accept as necessary components of any practice with internal goods and standards of excellence the virtues of justice, courage, and truthfulness' (p.191)'. Kreber draws out another feature of MacIntyre's account of the virtues inherent in a practice that would seem to be very relevant to how health and social care lecturers and students relate to *each other* as well as to patients and clients: 'Given that individuals involved in a practice are all guided by the same virtues, the relationship between individuals involved in a practice is also defined by the same virtues (Kreber, 2013, p.85'.

For MacIntyre also practice can be seen to relate to identity, as Higgins (2003, p.287) captures succinctly in the following sentences:

Each practice structures the experience of its practitioners in distinctive ways. Practices afford their practitioners distinctive ways of being, in which practitioners deem it good to participate. Moral phenomenology, then, concerns what it is like to be engaged in the practice.

Following chapters will reveal the ‘virtues’ that participants in my study expected of themselves and of their students, and the ways of being that they wished to foster in their students.

The knowledge and values shared in a professional identity, are exclusive to that identity, however as Young (2008) points out, professional identity is at risk of being devalued by an increase of regulations and marketization. Certainly health and social care professions are increasingly under review by regulatory bodies which appear at times to impact on how this particular profession evolves and builds on its knowledge base. Questions have arisen from these professionals about how to limit the negative impact of regulations on patient care; and these regulations can be seen as having an impact on their professional identity and autonomy.

Further, Taylor (1999) in his discussion of the ethics of authenticity, also touches on professional identity when he discusses Patricia Benner’s work regarding the age of technology undermining in particular nurses’ professional identity. In Taylor’s discussion he suggests that Benner fears for professional identity in this discipline because technology has undermined the caring and person centred role of nursing. His discussion with regards to authenticity, as we will see again later in this text, highlights how identity can be reinstated by embracing an authentic approach.

Scanlon (2011) states that professional identities are constructed through an evolutionary and iterative process resulting in an individual developing a sense of a professional self. This would seem to suggest that professional identities are not static and change over time, dependent on experiences and feedback from other professionals in the same field. Professional identities therefore are a learnt process based on experience, interaction with others including patients or clients in the case of health and social care practitioners. Some of these experiences and interactions can develop into what could be seen as professional truths, ways of being that are in line with a particular profession.

Noble et al. (2014) proposed that the key factors for students being enabled to learn a professional identity are that the curriculum must include opportunities for imagination, observation, experiment and evaluation, in relation to their chosen profession. They go on to suggest that it is important that opportunities are given to

the students to observe role models in their chosen profession and this can either be in practice or by watching and listening to how their tutors have dealt with practice situations. As will be discussed in later chapters, we will see that some of the participants in my study were aware of this. It is interesting to note that Noble et al (2014) were studying professional identity in pharmacists and concluded that curriculum design does not always allow for students to explore professional identity. There appears to be an awareness of this in health and social care curricula and opportunity to go into practice is paramount in the process of learning.

Garbett (2004) argues that health and social care practitioners are increasingly aware of their professional identity and this has come about by an increase in practitioners' own research into practice knowledge. Indeed, many practitioners are aware of this ever-growing research and questioning of knowledge, as verbalised by participants in my thesis, leading them to question the truth about their knowledge and how this impacts on their identity. Garbett (2004) goes on to say that there is no longer an unquestioning acceptance of the hierarchical knowledge that has been accepted by health and social care practitioners in the past, meaning that whilst health and social care practitioners and lecturers had to rely on theory as suggested by doctors in the past as being the only 'true' theory, now that they have their own research within their own disciplines, they no longer have to rely on this theory presented by doctors as being the only theory that is the truth.

If we can also recognise that our learners may be unsure of the truth, it gives us a chance to recognise how our own understandings of truth can impact on our teaching and the influence these understandings can have on a student's learning and identity as a health and social care practitioner. Higgs et al. (2001) talks about professional practice knowledge which is the knowledge that can be used either by a profession or an individual within a profession when striving to become part of that profession. The knowledge, as suggested by Higgs et al., can be derived from research and theory and professional practice. It in turn gives both the profession and the individual practitioner an identity and when teaching students the health and social care lecturer has a part to play in this professional formation. The lecturer, who will already have a sense of their own professional identity, can in turn share research, theory and practice experience,

which is part of their own sense of truth, with the student who can consider and analyse what they learn from the lecturer in order to make sense of their own professional identity and truth.

If indeed part of health and social care lecturers' identity is based on a truth that there is a health and social care knowledge to share with their students and this can be done by assisting the student to explore theoretical knowledge, then I think what Biesta (2012) says goes some way to support this. He observes that teaching has in recent times come to be seen as the facilitation of learning rather than the giving of knowledge by teachers. He further notes that the idea links to Socrates' proposition that teaching brings out what is already there in the student. However, Biesta then argues that in fact whilst there may already be some knowledge within the student's understanding, teaching, in terms of what he calls transcendence, can actually introduce something radically new to the student in terms of knowledge. This process he sees as 'being taught' and is a process of truth giving in that the student has to do something with this given truth in order to make sense of it within their own experience; and the teacher does not have the power to dictate what truth the student will decide on. I believe this reflects the process health and social care lecturers experience when sharing their own health and social care truth and identity with the students. Whilst it may be new to the student and thus they have been taught something, it also allows the student to process it for their own truth and identity within a health and social care profession.

Existentialism propounds that the essence of who you are is based on the choices you make through your own existence and that seem true to you (Kierkegaard, 1992). These choices result in a pursuit of identity which is person centred and not based on science, albeit that existentialists are not against science. A particularly influential account of nursing that is grounded in existentialist philosophy was provided by Paterson and Zderan in their text *Humanistic Nursing* (1988/2008). In this text they describe nursing in the following terms:

nursing is an expression, a living out, of the nurse's authentic commitment. It is an existential engagement directed toward nurturing human potential. The humanistic nurse values nursing as a situation in which the necessary

conditions for such human actualization exist and is open to the possibilities in the intimately shared nurse-patient here and now (2008).

Practitioners within the Health and Social Care area, are given the opportunity within their practice to pursue their professional identity, I would suggest, in these existentialist terms, by considering the choices they are given and following them through, although of course this also depends on the amount of freedom they have within the specific practice area that they are working in. Consequently as practitioners become lecturers, this pursuit of identity continues, based on the one already present as a practitioner and added to as experience expands in teaching and knowledge and personal truth adjust.

Some of the participants suggested that the identity of being a lecturer also builds through a process of reflection. As we see in other sections, the process of reflection is one that occurs both for students and lecturers and is part of their exploration of the idea of truth and knowledge building. Whilst reflection tends to be seen as a very positive attribute and process, it is interesting to note that Macfarlane and Gourlay (2009) remind us that sometimes, due to the rather rigid process of some reflective models, subtle parts of the learning process are missed.

Within the literature on nursing education, warnings have also been sounded concerning the counterproductive effects of the over-use of the assessment of reflective writing and the instrumental, mechanistic approach to reflection that this assessment may induce. Coward (2011), for example, has claimed that 'It is my belief that there is a degree of over-assessment involving reflection (p.883)' and has drawn attention to the loss of 'the impact of reflective learning by challenging students to seek out situations to write about to meet learning outcomes for modules (p.833)'. In a similar vein, Rolfe (2014, 1182) trenchantly observes that 'Reflection is being taught more and more as a technology, as the mechanical application of a model or framework and reflective writing is being judged and assessed according to rigid guidelines and inappropriate criteria'. He argues that if this situation is to be remedied 'nurses need to look beyond their current fixation with reflection-on-action and engage fully with Schon's notion of the reflective practitioner who reflects in action through on-the-spot experimentation and hypothesis testing (p.1179)'.

Macfarlane and Gourlay also ask the question; ‘Can reflection be driven by a real critical evaluation of theory?’ (p 458). Their answer to this suggests that it can only happen if we as lecturers are able to contest theories about teaching and not just accept what we are taught on our ‘learning to teach’ courses. In addition, those who develop these courses need to rethink some of the ‘universal truths’ of learning and teaching (p.459), which involve more than a process of reflection, although reflection can still play a part. My own thought is that reflection is a vital tool to help us as lecturers in our identity formation, however, I can see that it is healthy to remember to contest theories about teaching and not to accept universal truths as having to be a part of that identity.

2.10. Truth in relation to the knowledge base of specific health and social care disciplines

Whilst health and social care covers a broad disciplinary base, there are commonalities within it such as health, disease, illness, sickness, disability and dying. In her discussion of the unifying epistemology for nursing, Kim (2007) notes that these commonalities are a central focus for nursing and that a useful epistemological framework for nursing can be derived from Habermas’s detailed formulation of ‘three aspects of human cognitive interests – the technical, practical and emancipatory interests’ (p186). This allows for the making of connections from, and the integration of, various perspectives such as the technical aspects of knowledge, the practical implication of knowledge and the freedom from prescribed viewpoints that knowledge can produce. This process Kim (2007) suggests can result in a shared knowledge within the professions in health and social care, which enhances the discipline’s epistemology.

As well as the broad discipline in health and social care which shares commonalities, it is important to note that there are also specific disciplines as identified in this thesis, such as the branches of nursing including adult nursing and mental health nursing, social work, pharmacists and physiotherapists. Health and Social Care settings have become ever more diverse, requiring professionals within this area to generate knowledge which can be applied successfully to the practice setting. As has been noted earlier, Higgs et al. (2004) state that the knowledge which underlies practice, which

they call practice epistemology, refers to the nature of knowledge which has been processed over a generation of professionals coming to understand what drives their actions and what works well in their practice. This involves being able to demonstrate an understanding of their practice and includes a process of reflection on what has worked well and what has not and thus on how practice can be changed in the future for the better.

The notion of reflection has become widely recognised in the field of health and social care, initially through Donald Schon's work on the reflective practitioner in 1983. Schon suggested that an alternative epistemology was needed for practice based professions which was not based on a positivist epistemology which he believed modern universities used (Schon, 1987). He developed the concepts of 'reflection in action' and 'reflection on action', the first suggesting that the professional has to respond to new things in practice based on previous experience and the second being the process of reflection looking back at an action, thus producing the opportunity to think how practice can be changed for the better in the future. This process of reflection can in turn be shared with colleagues and taught in class to students of health and social care, thereby creating a distinct and specialised discipline knowledge. While the process of reflection is not new, the suggestion here is that the process created a new and specialised 'truth' for health and social care professionals by collating the specialised knowledge distinct to this discipline.

Schon recognised that because professions such as medicine were underpinned by science, it enabled them to firmly espouse their identity as a profession. However, in the health and social care professions there was not this secure body of knowledge to underpin their professional identity, so by incorporating a process of reflection on their practice, health and social care practitioners and lecturers could begin to formulate a body of knowledge which could be recorded and taught to new students entering the profession. In turn, these students could be encouraged to reflect in class on their own practice and learning which would both underpin the new body of learning and encourage new theories to develop. Hence the new and specialised truth within health and social care, that Schon suggested was introduced by the process of reflection, encouraged a specialised knowledge which underpinned the identity of health and social care disciplines.

Prior to Schon, one of the founders in the discussion of reflection was John Dewey (1933) who suggested that intelligence was not an innate quality but could be developed through the process of reflective thought. He believed that by going through the process of reflection, an experiential process of trial and error, would allow learning to take place.

Habermas (1984) saw critical reflection as being able to lead to freedom, something he called emancipatory knowledge because the process of critical reflection allowed the individual to reflect on the world, see the limitations and transform it. We saw earlier that Habermas's detailed formulation of three aspects of human cognitive interests – the technical, practical and emancipatory interests were seen to underpin nursing epistemology (Kim, 2007). Redmond (2004) suggests these three aspects also underpin the reflection that Habermas says leads to freedom because they allow for knowing and learning which gives individuals the ability to make choices.

Specifically related to health and social care professions, Moon (1999) has suggested that these professions, particularly nursing, have become almost evangelical about the use of reflection as a learning method. Whilst reflection can be used both when learning about theory and when thinking about our own professional practice and how effective it is, Moon suggests that it may be the practice element which has encouraged reflection more due to its need for fast action and observable qualities. However, along with the fast moving practice elements we still need to demonstrate that theory underpins the practice, hence the requirement to also reflect on theory. Reflection on theory does not always result in good practice because it is dependent on the specific patient or procedure, as each patient is individual with a differing set of needs, hence the cycle of reflection is repeated after each patient experience. Alongside this, as we saw earlier, Schon suggested a process of reflection both in and on practice, allowing for reflection during the process of practice as well as following practice and this enables us to realise a patient's individual needs and adjust our care as appropriate.

As reflection was fairly new to health and social care, in order to encourage and utilise it, models of reflection or reflective cycles were introduced such as Gibbs' (1988) reflective cycle. Gibbs' reflective cycle encourages systematic thought about the phases of an experience or activity, and gives headings to structure the reflection.

Whilst this is a useful tool it is worth remembering what Macfarlane and Gourlay (2009) say about the limitations of reflective models, as mentioned earlier.

Most recently, Johns (2013) has suggested that at the heart of a profession such as nursing, must be questions such as ‘what does nursing exist to do?’ and ‘What does it mean to be a nurse?’ (p 7). In answering these questions through a process of reflection, the patient can become more ‘fully human’ to the nurse because the nurse is able to practice well after the process of reflection. He goes on to say that reflection on these questions allows the nurse to become an expert and this expertise is freedom from the oppression that often accompanies nursing as a profession.

Returning to Wenger, he in effect points up the necessity in reflective practice of being *both* closely engaged with and having a more distant and open set of perspectives on our thinking and action. In his own words:

The combination of engagement and imagination results in a *reflective* practice. Such a practice combines the ability both to engage and to distance – to identify with an enterprise as well as to view it in context, with the eyes of an outsider. Imagination enables us to adopt other perspectives across boundaries and time, to visit “otherness” and let it speak its own language. (Wenger, 1998, p.217)

Imagination as a key element of reflection also features strongly in Nussbaum’s (1997) advocacy of the cultivation of students’ ‘narrative imagination’ (1997, p.10): ‘the ability to think what it might be like to in the shoes of a person different from oneself, to be an intelligent reader of that person’s story, and to understand the emotions and wishes and desires that someone so placed might have (pp.10-11)’. At the same time she emphasises that ‘the narrative imagination is not uncritical (p.11)’. Writing on nursing practice, Armstrong (2006) has pointed up that ‘empathy and moral imagination ... are closely linked (p.120)’ and has stated that: ‘Moral imagination can be utilized by nurses to reflect on what it might be like to be a patient in a specific set of circumstances (p.120)’. As subsequent chapters of this thesis will reveal, a number of participants in the current study saw fostering students’ perspective taking and capacity to imagine others’ truths as a key matter.

While it is commonplace to exhort students in health and social care, and in other professionally-oriented courses, to be ‘critically reflective’, there can be a lack of clarity as to what this actually entails. Kreber’s examination of the concept of ‘critical reflection’ in her 2013 monograph provides a fine-grained account of the meanings of critical reflection. Summarising some of the key features of this account, building on the work of Mezirow (1991) she distinguishes between reflection on: *content*, ‘the assumptions underlying how we define and describe a problem (2013, p.113)’, the *processes* involved in learning and practising a profession, and on the *premises*, ‘the core presuppositions (2013, p.155)’ that underpin our thinking and action. Her interpretation of critical reflection draws on the ‘critical theory tradition that connects reflection explicitly with social and political purposes and ideology critique, and hence makes it *critical*. Critical reflection, thus conceived, is inextricably linked to power (2013, pp.101-102)’. Critical reflection can involve ‘transformation, of specific assumptions, expectations or beliefs we hold’ (2013, p.123) but, as the preceding quotation suggests, ‘also involves becoming aware of power relations and how these influence what they consider to be true and morally desirable (2013, p.134)’.

Drawing again on Mezirow (1998, 2000), Kreber (2013) also points up a useful distinction between what one might describe as more outward directed questioning reflection, *objective reframing*, and more inner directed reflection, *subjective reframing*. She presents the contrast in the following terms:

Objective reframing includes reflecting on assumptions underlying what is communicated to us ... or in task oriented problem solving ...

... In contrast, subjective reframing refers to questioning why I am prone to construing a problem in a certain way (that is according to my own habits of expectations). It pertains to critical reflection on one’s *own* psychological and cultural assumptions, or premises, that undergird one’s meaning perspectives, filter one’s perceptions and hence limit one’s experiences. (p.106)

In a similar vein to Kreber, there are some voices within the nursing studies literature who have argued for a conception of reflection that includes attention to wider questions of social structure and power. For example, Bulman, Lathlean and Gobbi (2012), drawing on the work of Barnett (1997), state that: ‘although nurses should not

lose sight of the interpersonal aspects of their work, they should consider the political, cultural and social influences on their practice (p. e12)'. Woods (2012) argues 'that a combined social justice *and* relational care-based approach, as a *social ethic*, should guide the moral deliberations and actions of nurses (p.56)'. In advancing this argument, he poses the question: 'how could a nurse care for an individual or group of individuals in one sense (i.e. relational) but ignore the socio-cultural and political contexts (i.e. socio-cultural) that were affecting their overall social welfare at the same time? (p.61)'.

The freedom to stand back and reflect is also an existential opportunity, whereby we can become more than we already are (Kierkegaard, 1992). This reflective process then allows us sometimes to be both free from others' dictates but at the same time responsible for ourselves and our actions. This is what health and social care practitioners need to be able to do whilst making decisions about their patients' care. This allows for the sharing of knowledge and the facilitation of students to reflect on their own practice and at the same time learn to be responsible.

However, the knowledge that has been collected within the disciplines of health and social care is not only based on the professional reflection of individuals but is also influenced by social changes; and as Atkinson et al (2003) points out it can be very susceptible to social influence just as any other type of knowledge can. However, at some stage the health and social care professional disciplines must decide what they believe to be their particular knowledge. Rees Jones (2001) suggests that the work of Habermas is an important source to help collate and understand this specialised knowledge in that 'validity claims' as described by Habermas are a useful framework for discourse when teaching and discussing health and social care knowledge. The three validity claims put forward by Habermas are a validity claim to truth, a validity claim to rightness and a validity claim to truthfulness (Finlayson, 2005). Rees Jones suggests that in order to judge a validity claim about specific health and social care discipline knowledge a discourse is opened between professionals based on experience and shared understanding. Chinn and Kramer (1999) posit that a shared validity claim within the discipline, which can lead to discipline knowledge, is the representation of what can collectively be taken to be a reasonable understanding of the world as known by the members of the discipline. At the same time it must not be forgotten that there

may be a dominant paradigm, which in health and social care is often the medical model whereby systems of the body are referred to rather than how all the systems fit together ‘holistically’.

While there may be an argument as to whether there is a clear epistemic tradition in the health and social care setting, following chapters will reveal that there appears to be a suggestion from my participants that there are shared ideas on what truth and knowledge are and some shared philosophy on which they are based. Donald (2002) states that students across disciplines learn to think and process knowledge in different ways dependent on the discipline they are studying. She suggests that whilst there appeared to be a consensus between professors across the disciplines about the level of thinking expected in each year there was a distinction in the way they expected their students to think. This, I think, is an important distinction. Previewing central findings of this study, I found that the lecturers I interviewed in the health and social care arena had slightly different epistemological stances dependent on their actual discipline. It was interesting to note that there were also shared experiences of the concepts of truth and knowledge in spite of these different disciplinary stances. This suggested to me that there is evidence within my study to suggest that there is indeed a foundation of a shared epistemic tradition in health and social care as well as more specific epistemic traditions in the disciplines I encountered.

An example of a discipline related learning knowledge base, is given by Felstead et al. (2016) who state that student nurses within the discipline of nursing are particularly influenced in their knowledge base by practice-based mentors and managers. They suggest that lecturers should be aware of this and make changes to the curriculum to accommodate what the students are being taught in practice, as this knowledge base is the one they will need to adapt to once they are qualified and working in clinical practice. What is interesting here is that this study suggests the traditions of a discipline’s knowledge base are very much directed by practitioners and are presented to the students as being disciplinary ‘truth’.

2.11 Students' epistemological development

Preceding sections have highlighted the interconnections between theories of truth and theories of knowledge. In a similar vein, it is reasonable to assume that students' own understanding of truth will be closely related to the ways in which they conceptualise the nature of knowledge. The now considerable body of work investigating students' conceptions of knowledge and the ways in which these conceptions appear to develop over the years of university study can be seen to rest on the foundations of a pioneering study conducted by Perry (1970) on students' intellectual and ethical development: first, and principally, with male students at Harvard and later also with female students at Radcliffe. On the basis of extensive interviews he delineated a developmental progression in students' conceptualisations of the nature of knowledge, tracking their, sometimes uneven, progress through nine epistemological 'positions' (Perry, 1970, pp.9-10). These positions also framed the meaning that students attributed to their experiences at university. Central to this developmental scheme is students' movement from an initial 'dualistic' position where knowledge is seen in terms of the polarities of 'right' and 'wrong' to that of 'multiplicity', where there is an understanding that multiple perspectives can be held on a topic and to an appreciation of the role of evidence in underpinning conclusions. This in turn leads on to an acceptance of the provisional nature of knowledge and that it is relative to a context, in Perry's terms, 'relativistic' (Perry, 1970, p.96). Perry observed that students who reached this 'relativist' position were then capable of moving on to display 'commitment', i.e., they were able to wrestle with difficult issues and come to a personal interpretation concerning these issues. I would note here that practice in health and social care customarily involves dilemmas which call for exactly this kind of well-reasoned and personally committed interpretation on the part of the practitioner.

Entwistle (2009, p.31) notes that 'subsequent research has largely supported Perry's developmental scheme, but has suggested gender differences in the extent to which the learning is seen in more personal or impersonal terms and has also led to debates about whether his scheme should be seen as applying generally, or as differing across subject areas.' In addition, he points up that it may take students a considerable period of time to achieve a more developed conception of knowledge, stating that: 'it is only towards

the end of a degree course that students begin to discern, in a conscious and reflective way, how evidence and reasoning are being used to create new knowledge (p.31)'.

Baxter Magdola has been a key contributor to this area of work on students' epistemological development. In a series of studies she has developed a scheme that encapsulates students' development in 'knowing and reasoning' (1992, 1994, 1996) that has strong resonances with Perry's framework. Like Perry, she distinguishes distinct qualitative changes, different 'domains', in students' reasoning and understanding of the nature of knowledge and truth. The initial stage in this scheme is that of 'absolute knowing' and the learner's role is that of absorbing the information provided by experts. In a second 'transitional' stage students display developing doubts about the certainty of knowledge. In the following domain, that of 'independent knowing', learners recognise the uncertain nature of knowledge and view each individual as having her or his own beliefs. Students in this domain can be seen to be groping towards the most developed domain, that of 'contextual knowing'. In the 'contextual knowing' domain students perceive the constructed nature of knowledge and its connection to the appropriate use of evidence – evidence that is relevant to the particular context that is being investigated.

In addition to examining and categorising students' epistemological development, Baxter Magdola has set out principles for promoting contextual knowing (Baxter Magdola, 1992). She summarises these principles in the following terms:

The first, *validating students as knowers*, means communicating to students that they are capable of knowing and that their opinions have value – a prerequisite for viewing themselves as capable of constructing knowledge. This validation is necessary for students to let go of the view that authorities are omnipotent. A related principle, *situating learning in students' own experience*, helps students connect learning to their own lives to arrive at the view that their experience and beliefs play a central role in knowledge construction. Finally, *defining learning as mutually constructing meaning* redefines knowing as knowledge construction rather than acquisition. The educator and student both bring their experiences and knowledge to be joined in the process of creating meaning. (Baxter Magdola, 1996, p.286)

These principles would appear to be very pertinent to fostering students' intellectual and professional development in the areas of health and social care; and I shall return later in the thesis to discuss how they appear to be consonant with the observations made by a number of participants in my study.

Another aspect of Baxter Magdola's approach to understanding and promoting students' intellectual and moral development is very relevant to the area of health and social care. Particularly in her later work (Baxter Magdola, 2009, p.144), she stresses that '*cognitive maturity*' is linked to '*integrated identity*' and indeed that this 'is necessary to enable cognitive maturity (ibid.)'. She defines integrated identity as including 'understanding one's own history, confidence, the ability to act both autonomously and collaboratively, and integrity'. She also identifies '*mature relationships*' as 'crucial to cognitive maturity and integrated identity (ibid.)'. Mature relationships are viewed as involving 'respect for one's own and others' identities and cultures to enable productive collaboration to integrate multiple perspectives (ibid.)'. As subsequent chapters will reveal, the ability to recognise, to respond to, and to integrate, multiple perspectives was of key concern to a number of participants in my current study.

Viewed from within Baxter Magdola's framework, students' developing understanding of the nature of knowledge and truth is not simply a coolly cognitive accomplishment but is core to their identity. Kreber (2013, p.53) captures the essence of the interconnectedness of these different areas of growth in the following gloss on Baxter Magdola's work: 'Intellectual development requires both personal and interpersonal growth. Viewed from an existential perspective, students growing into their authenticity can be conceived of as achieving their full potential of being.'

2.12. The influence of professional attributes on the understanding of truth within health and social care lecturers' teaching

Within professions there can sometimes be particular attributes which are held to be specific to the profession. Within health and social care some of my participants touched on attributes such as being honest and sincere, having integrity, recognition of morality and recognition that being a reflective practitioner is important to understand how the nature of knowledge in the profession changes and thus how

personal truth may change over time. As noted in the preceding section, Habermas (1976) goes some way to address some of these attributes with his validity claims when he argues that any 'sincere speech act makes three different validity claims; a validity claim to truth, a validity claim to rightness and a validity claim to truthfulness' (Finlayson, 2005, p36). Habermas further states that in order to engage in meaningful speech we need to help others believe we are being truthful and that what we say is both right and true (Finlayson, 2005). From these three validity claims, dependent on the type of speech act, be it assertion, a request or a declaration, he suggests the hearer will only take up one validity. This chosen validity by the hearer, truth, rightness or truthfulness, will be based on premises such as personal belief, moral values and experiences and will not be the same for all hearers, thus it is based on evidence from our own experience.

If, as Habermas claims, the hearer only hears one of the validity claims, then the question arises why this may be. Is it that the truth is innate in the person and they recognise it as soon as they see it or is it that truth is external to the person and can only be learnt through experience or even demonstrated to them by a teacher external to them? Kierkegaard on questioning what the truth was, set out two opposing stances (cited by Gardiner, 2002, p.75). The first stance he put forward was based on Plato's writings, whereby the truth is already innate in the person and that in order to recognise it a good teacher was needed to help the learner realise the truth. Kierkegaard goes on then to state that in opposition to this, the Christian belief concerning truth says that truth is not possessed by the individual but must be brought to them by a good teacher. This teacher logically could not be a human, because the person does not have truth, but would have to therefore be God. However, the truth must not overwhelm the learner as it would if brought by God but would have to appear in human form so that the learner could decide the truth of it and hence gain freedom of choice as to what is deemed the truth (Gardiner, 2002).

Whilst both Habermas's and Kierkegaard's positions are interesting, albeit questionable depending on one's own beliefs, what could be taken from these positions is a more general suggestion that attributes such as truthfulness, honesty and moral values may be recognised by the student as valid. Deciding if attributes are valid is an important dimension for the student to consider in a critical manner allowing them to

conclude if the attribute they are considering are useful to have in their professional practice because they believe in the validity of it. Running parallel to this is the potential for students to pick up on the positive attributes that lecturers are demonstrating and in turn utilising them within their own professional practice.

With regards to the recognition of morality, health and social care students will be faced with moral dilemmas as they enter their professional practice. Some of what they learn in class will prepare them for this, however, it is their own moral development and reasoning that is significant. As Hurtado et al. (2012) observe, education institutions have become much more aware of the need to enable students to recognise moral dilemmas, and how to overcome them, as part of the curriculum to prepare students for the work place. I would suggest that this is paramount within the health and social care curriculum because of the type of work students will enter within their chosen profession, caring for patients and clients in the best humanistic way possible. Kohlberg (1981) posited that there are several stages to the development of moral reasoning which we go through at different development points of our life. These stages of moral development are based on the ideas that: humans are able to communicate; are capable of reasoning; and want to understand others and the world around them. In order to achieve these ideas, humans need to go through a process of moral reasoning, so that they can adapt to what is right or wrong or indeed true for both themselves and for another person.

Hurtado et al (2012) suggest that that through active learning in classrooms, social justice issues can be presented to students to motivate them to think critically about how to address an issue and consequently moral development can be encouraged through a process of reasoning. As will be addressed in the Findings and Discussion chapter, some of the participants in this study talked about examples of practice they shared with students in order to help them understand the moral, and at times ethical, dilemmas that they may encounter and then went on to assist them in developing their skills to cope with the moral dilemmas. In this instance what was meant by moral was the student's own belief about what was right or wrong according to their own personal code of conduct, whilst ethical was referring to what was right or wrong for the patient who may have different beliefs which needed to be respected, sometime causing a dilemma for the student. This often led students to think about truth in relation to their

actions, as in what was the truth about a certain situation, or indeed was there more than one truth about a situation, depending on which stance is taken.

Gilligan (1982) introduced the model of Ethic for Care which was widely taken up by nursing and health and social care educators. The Ethic of Care is focused on maintaining relationships through responding to the needs of others and avoiding hurt through a process of moral reasoning. This allows for the nurse and health care worker to work with integrity, another attribute which was important to my participants. Whilst it has been argued that Gilligan took a feminist perspective, which may not be representative of all health and social care educators, the ethic for care has remained in the health and social care domain as a good basis for teaching students how to address ethical issues and respond through moral reasoning and development. Jujaarvi et al. (2010), following a study of moral reasoning in nursing and health work students, concluded that 'Gilligan's model of care development seems to be an adequate model for understanding ethical reasoning and practice in caring professions' (p. 425). It will be shown later in the thesis that being able to work with integrity, as suggested by Gilligan, was seen as a professional attribute by some of my participants who also related integrity to working in a truthful manner and remaining true to self.

Finally, being a reflective practitioner is important in order to recognise that practice knowledge can change dependent on trends, new research or personal experience which alters what seems true to the practitioner. Reflection is touched on in several of the themes within this study, in this instance it is important in the development of students and their recognition that the nature of knowledge changes as they continue learning. Entwistle (2009) claims that the first step in encouraging students to develop their knowledge base is to help them realise the importance of learning for themselves. The attribute of being reflective helps the student to do this so that they can decide what knowledge is meaningful and relevant to their chosen profession. As their knowledge changes, students are able to evolve in their conversations about knowledge and in their ability to think about their practice in different ways than they did before (Barnett, 2007). This change in the nature of their knowledge allows the student to see that they can be autonomous and unique but at the same time an effective practitioner, thus allowing the attribute of reflection to aid their learning whilst giving them an opportunity to explore what it means to be true to themselves too.

2.13. Links between truth and the formulation of knowledge within the health and social care curriculum

Habermas talks about the ‘lifeworld’ by which he means the informal domains of several contexts such as culture, policies outside of formal politics and organisations (Finlayson, 2005). These lifeworlds, as described by Habermas, provide a repository of shared meanings and understandings and act as the backdrop to communicative action taking place. This communicative action can take the course of dialogue in the relevant context. I think this is an important point in relation to health and social care curricula which are often derived from a fairly informal domain of shared understanding rather than resting on a basis of ‘objective’ truth. These informal understandings have been added to over the years based on health and social care practitioners’ experiences and beliefs which they hold to be their profession’s truth and which they share with students through their teaching.

Whilst lifeworlds are based on informal shared beliefs and understandings, there are some topics which health and social care lecturers may deem to be more objective and open to being proved, such as anatomy and physiology for example. In the Findings chapter, it will be revealed that one participant suggested that truth in terms of teaching had to be a ‘proven fact’ or a ‘theory underpinned by empirical evidence’. Mackenzie (2011) observes that there has been a belief that the term ‘positivism’ accepts a correspondence theory of truth, that there is a single reality independent of human beings based on fact or empiricism. He goes on to discuss the difference that inverted commas make when using the word true, simplistically that ‘true’ is something someone else claims is true but we are not convinced of because there is no proof and true is when we are convinced that something is true because there is proof.

In relation to teaching in higher education, Willmott (2002) argues that there is a metaphysical truth which allows the student to explore the nature of inquiry by investigating propositions and questions of truth. By metaphysical truth he refers to a truth that can be supported by concrete evidence, even when the truth is only a concept or idea. He believes that this metaphysical truth can be related to epistemology, ontology and relativism and that this pursuit of truth by the educationalist, researcher and student is a transcendental condition of educational inquiry and research. Certainly

I saw this notion being replicated as part of the curriculum in that participants talked about how they encouraged students towards educational enquiry and further discussion on this can be found in both the Findings and Discussion chapters.

Carper (1978), in her seminal work, stated that patterns of knowing in health care are based on four elements, the four elements being: empirical, personal, ethical and aesthetic. She states that empirical is knowledge based on a fact that is empirically proven, personal knowledge is derived from self-understanding and empathy, ethical knowledge is derived from an ethical framework that underpins the profession and aesthetic knowledge is relating to the here and now of a situation with a patient. These aspects appear to relate to some of the concepts of truth mentioned by my participants which have at times underpinned and informed the curriculum and their teaching.

Johns (1995) in his discussion about the use of reflection based on Carper's ways of knowing, concluded that what Carper had achieved was to invite health care workers to recognise that their knowledge should not just be based on empirics, as this did not account for the personal care that patients required. Johns suggests that this has allowed health care professionals to recognise the value of the personal element in caring, based on an ethical practice. This in turn, as we will see in the Discussion chapter, is reflected in the sentiments of my participants who have recognised the multiple dimension of healthcare knowledge, thought about it in their own terms of what forms a truth base and then been able to include this approach in the delivery of the curriculum.

Garrett and Cutting (2014) suggest that using Carper's ways of knowing allows for the adoption of a personal belief based outcome in learning for health care. They state that in doing this nursing academics will lead the way to being able to say that any new belief is just another 'way of knowing' which will hold no substance. However, while this is a valid point, my participants recognised there could be different viewpoints held by health care professionals but this did not mean that 'anything goes'.

The formation of knowledge and ways of knowing can only be encouraged within the health and social care curriculum if lecturers are able to consider how they teach and how effective their teaching is for student learning. Oermann (2014) notes that the scholarship of teaching is an inquiry about learning and teaching and she goes on to

state that scholarship of teaching is essential in nurse education, one of the domains of health and social care within my study. Oermann (2014) further notes that ‘the goal of the scholarship of teaching is about understanding how students learn best and what educational practices will foster that learning’ (p.370). The inquiry about the best way to teach should be significant to the profession and whilst Oermann (2014) is particularly talking about nursing curricula, I see no reason why this cannot be extrapolated to other domains within health and social care and indeed, as will be seen in later chapters, it was obvious that participants other than nurses were aware of the need for the scholarship of teaching.

In alignment with the key themes of scholarship of teaching was an expectation on the part of my participants that the students would explore and critically analyse what the curriculum offered in terms of theory and practice learning, in the hope that they too could determine a conception of truth concerning their knowledge base. Whilst I will explore this further in relation to authenticity, I think it is important here to highlight aspects of the process of the scholarship of teaching. Kreber (2013), in her discussion of the scholarship of teaching, argues that university teachers should be able to both offer an interpretation of the latest research in their disciplines as well as critically reflect on the processes and practices of university teaching. This she concludes will result in the teacher being able to underpin both the research in their discipline as well as the practice of their teaching with reflection and curiosity. My thought here is that if this is the case, not only will health and social care lecturers be able to explore theory and practice for themselves but will also be able to consider their teaching, so that they can be open to exploration by the students of the content of the curriculum. This then has the potential for both the teacher and the learner to explore the understandings of truth within the health and social care disciplines.

This leads on to the more recent thought that the scholarship of teaching should be known as scholarship of teaching and learning. Tagg (2003) observes that there has been a shift from a teaching paradigm to a learning paradigm, whereby there is now a focus and emphasis on the perspective of the learner rather than only the perspective of the teacher. Certainly with many health and social care curricula being written as enquiry based learning, there does appear to be an alignment with a scholarship of teaching and learning rather than just a scholarship of teaching. However, as Kreber

(2013) points out, there is still a requirement for lecturers to have sound professional knowledge in order to facilitate the student to consider knowledge and truth in order to achieve a scholarship of learning.

2.14. The role of the lecturer in facilitating the students' own understanding of truth in relation to health and social care

As lecturers it is important to recognise that the student may not always share our own truths about what we teach; and when teaching at a university level we may strive to aid our students to think critically, which involves challenging and questioning theories and concepts we present to them. This allows them to then make a choice about what they believe and to build their own knowledge base and truth. These judgements the student makes are, according to Schopenhauer, a combination or relationship of concepts and this judgement can then express knowledge (Janaway, 2002). Schopenhauer further states that 'if a judgement is to express a piece of knowledge, it must have a sufficient ground or reason; by virtue of this quality, it then receives the predicate *true*' (Janaway, 2002, p.24). While this is an interesting thought, the difficulty surely arises when our students make different judgements, can they all be true? Again, my interviews have suggested that overall the lecturers believe it is their role to allow critical thinking and in Schopenhauer's terms, a judgement to be made by the student about what they are learning and how they apply it to their chosen profession.

The judgement that both the lecturer and the student have to make about a theory being true is a difficult one. Perhaps judging theory to be true is not necessary to formulate knowledge, however, the judgement about knowledge being useful in the professional arena does need some benchmark to underpin it, and what the benchmark can be is debatable. The acceptance that the student's truth and benchmark may not be the same one as our own as lecturers is also a difficult call. Vandenberg (2009) claims that: 'Truth in teaching, may very well have been the most controversial issue in education philosophy ever since Socrates confronted Sophists in ancient Greece' (Vandenberg, 2009, p.156).

In his discussion of this topic, Vandenberg goes on to ponder the importance of neutrality in relation to truth and sums up that the truth in teaching requires the teacher

only to be neutral to the controversies with regards to the various epistemologies. Further, he suggests, that neutrality should be shown to be a model of critical thinking that isolates thinking from a domain. He concludes that truth in teaching requires a 'flexible domain specific epistemic ethos in the classroom' (p.164) which also allows students to be part of the teaching and knowledge sharing and then part of society. In turn, this allows students to ponder their own concept of truth in relation to the subject they are learning and the application of it to their chosen discipline.

If, as Vandenberg suggests, the student should be part of the teaching and knowledge sharing, then I would propose this does allow us as lecturers to recognise that the student has their own place in the learning and that this may include them having a different truth to us in their interpretation of the theories being taught. Perhaps this also allows the student the opportunity to think about what in the theory they are learning is relevant to them and their practice.

Pritchard (2006) states that the 'Two things that just about every epistemologist agrees on are that a prerequisite for possessing knowledge is that one has a belief in the relevant proposition, and that that belief must be true'. (p.5) He also discusses the idea that part of what we should expect from university students is critical thinking which allows them to evaluate theories as relevant for them and thus evaluate the elements that are true for them. He suggests that the truth here is linked to authenticity and if the student can see the authenticity of something, in that it fits his or her world, then it is more likely to be seen as the truth. This enables discussion between the teacher and student to further understand the beliefs and relevance of a theory in relation to their own domains or vocation.

Teaching in health and social care takes place both in the classroom and practice area, the classroom teaching gives the student the opportunity to explore theories based on the theorists' truth and also theories they themselves have devised, based on their own experiences. The practice area allows application of theories as well as teaching about practical processes such as giving an injection. Saeverot (2013) suggests that if the student relies too heavily on what the lecturer tells them is theoretically true, then the student will be coerced by the teacher in their learning. However, what he goes on to suggest is that if the student is allowed to learn and be educated to make their own

decisions and act independently, then the student can take responsibility for creating their own subjective truth. Saeverot calls this existential teaching and suggests it allows for consideration of more existential questions related to 'responsibility, attitude towards life, freedom, opinion, choice, values and so on' (p.503). So again we can see here that allowing the student to make decisions about their own truth, can be part of our role as health and social care lecturers.

In my experience, this notion of existential teaching resonates with the type of teaching that takes place in health and social care. Health and social care lecturers share their knowledge and experience of the practice area with the students, helping them to relate it to, and underpin it with, theory. Students in turn relate this to their own experiences of practice, which because of the nature of the practice will never be exactly the same. In relating what they have learnt from the lecturer, they can look for similarities and differences, allowing them to interpret their experiences and formulate their own theory and practice truth. Within practice students are exposed to the components identified in existential teaching due to the nature of the work with patients and clients. Their practice involves such components as responsibility, attitude towards life, opinion, choice and values, simply because of the nature of working with human beings and so I think the integral aim of existential teaching allows them to explore and take responsibility for their own subjective truth, personal to their own beliefs, values and experience.

Biesta (2015) argues that as teachers it is our responsibility to open up existential opportunities for our students, however, while we might try to do this through our teaching there is no guarantee that it will necessarily result in learning for the student. Added to this, Biesta asks if learning actually has to be the result of teaching, or is teaching merely an intervention in the process of learning. I would suggest that exploring existential opportunities in the classroom can enable the student to consider their own epistemological truths as well as adding to their knowledge and ability in practice. By looking at learning and teaching in this way, Biesta suggests that we can separate out teaching and learning taking the onus away from the teacher to some degree and giving the responsibility for learning to the student, not the teacher, although not in a laissez-faire approach. I think this is an important distinction when considering the notion of truth from both the lecturer's perspective and the student's

perspective, allowing the lecturer the freedom from total responsibility for the student's learning in class and allowing the student some autonomy in their own learning process, while at the same time acknowledging that this distinction also allows for a variety of truths to be considered.

We saw earlier that Williams (2002) says that there is a claim that when a speaker makes an assertion, the aim is at 'the truth' (p. 66). Now, supposing we accept this, as lecturers, what do we do when our assertions are different from those of students? Do we tell them they are wrong, that their assertion is untrue? If we do this it may affect their future learning, so are we aware of this? Also, I wonder how we know that our assertion is the true one and not the student's. My thought is that this is all part of the learning process and the skills of critical thinking. However, if we as teachers are not aware of this, or feedback negatively to the learner, we need to be mindful of the impact it may have on their learning.

We also saw earlier that Williams (2002) further notes that it has been claimed that 'the norm attached to assertions is knowledge' (p 76). However, this does not mean the knowledge is necessarily accurate as sentences can be uttered without accurate knowledge being attached to them or indeed knowledge can be passed on but not understood by the recipient. It is for the recipient to assess how truthful the knowledge passed on to them is, but in the case of the lecturer and student relationship, how can this occur if the lecturer is adamant that what they are saying is 'the truth'? Again, as is suggested by my findings later in this thesis, self-awareness and skill are needed here in order to negotiate with the learner towards the truth.

If we as health and social care lecturers consider the opportunity for the student to be autonomous in their learning, as mentioned above, then rather than concentrating on teaching, Fenstermacher (1986) suggests we should concentrate on 'studenting', which involves 'instructing the learner on the procedures and demands of the studenting role, selecting the material to be learned, adapting that material so that it is appropriate to the level of the learner, constructing the most appropriate opportunities for the learner to gain access to the content', p39-40. Thus, it seems to me, the learner has an active role in their exploration and appraisal of epistemological truths but at the same time is impacted on by the lecturer in a mutually engaging route to learning.

If indeed we are facilitators of learners finding truth, how will we and they recognise the truth when we hear it though and know it is valid? Hence an interesting dimension to this debate around the concept of truth is the words used to convey it to others. These words which form communication and are used in teaching, can be open to interpretation or possible misunderstanding. Unless we share a similar symbolic representation it is impossible to share the same truth. Locke suggests that ‘general truths are almost always expressed in words and that confusion or unnecessary vagueness in the use of words can do immense harm’ (Dunn, 2003, p. 80).

To overcome this potential of misunderstanding, Heidegger believed in a shared understanding of words which in turn allows for a shared understanding of truth (Inwood, 2000). Heidegger further suggests that truth illuminates and sheds light on things rather than suggesting a definitive definition. This seems to me a useful way to view our teaching and interactions with students. Perhaps we need to facilitate illumination and the students’ own shedding of light to enable them towards finding their own truth within their learning.

2.15. The links between truth and authenticity for lecturers and students within health and social care

Authenticity is important to both the lecturer and the student. Kreber (2013) suggests that there is an authenticity both ‘in and ‘through’ the scholarship of teaching (p.9). Authenticity ‘in’ and ‘through’ teaching brings us back to the scholarship of teaching which was considered earlier in relation to the health and social care curriculum. In the scholarship of teaching, authenticity is achieved by the lecturer through a process of teaching which allows them to remain true to themselves. At the same time, the scholarship of teaching is an approach whereby the lecturer can engage with their students, in order to enable the student to move towards being true to themselves and thus gain their own authenticity.

Attempting to define authenticity is a complex process, resulting in difficulties when discussing it in relation to teaching. Kreber (2013, p.19) observes that authenticity can often be associated with ‘being genuine’, ‘being real’ and ‘being sincere’. However, she suggests that it is actually more complex than this and authenticity has ‘multifaceted’ meanings (p38). In order to understand this multifaceted concept of

authenticity, Kreber goes on to posit that authenticity is underpinned by four perspectives: existential, critical, communitarian and correspondence views (Kreber, 2013, p.125).

Returning to the four perspectives linked to authenticity, we can see that a central existential virtue as described by Heidegger (in Flynn, 2006), is the idea of living in a way that is true to self, suggesting a sense of authenticity. He suggests that this also involves knowing oneself enough to reveal feelings and desires as they are experienced. The sense of self, being true to self and authenticity were also mentioned many times by my participants in line with their explanations of their own understandings of truth and I will consider these ideas of authenticity in detail in the discussion chapter, suffice it now to reiterate that authenticity does appear to link to the existentialist viewpoint on truth.

The critical perspective contributing to authenticity is achieved through a process of reflection on earlier assumptions, values and beliefs which allow us to redefine these assumptions, values and beliefs into what is an authoritative and authentic way of being (Sherman 2003b), thus allowing us to be true to self. This process of critical reflection allows us to recognise the power issues that distort our perspective on our assumptions, values and beliefs in order to re-evaluate them into a form that is true to self.

I think at this stage it is important to point out that there are processes of reflection and processes of critical reflection. We saw earlier that Dewey believes it is the ability to think critically that allows us to carry out critical reflection. However, as Lucas (2012) points out, the definition of these terms is a contested terrain, with definitions being dependent on their theoretical backgrounds. Dewey's definition comes from a critical social perspective. Whilst all reflection may well have elements of serious thought and consideration about a topic or action, critical reflection suggests more than this. As Lucas (2012) suggests, not all reflection is critical reflection and the easiest way to differentiate appears to be that critical reflection is at a higher level and is more challenging.

However, if we accept the basis that critical reflection involves a process of critical thinking, it is interesting to consider how critical reflection can contribute to

authenticity. Kreber (2014) summarises how educationalists have suggested that critical thinking requires the student to have dispositions, linked to cognitive skills, which enable them to think critically. For Kreber herself the concept of *critical authenticity* cuts deeper than this. Consonant with her view of critical reflection that has been summarised earlier, she defines the '*critical perspective*' (2014, p.95) on authenticity as follows:

The critical dimension highlights emancipation from ideology and hegemonic assumptions. It adds to the existential dimension the idea of critical consciousness raising ...

... rather than equating authenticity with pure self-experience, the critical dimension emphasises that people need to recognise how their views of the world have been shaped by the conditions or structures inherent in the contexts in which events were experienced. (2014, p.95)

As Kreber (2015) also suggests, it is important to enable students to access opportunities for transformation in understanding theory and self, thus enabling the opportunity for them to become authentic. I would suggest this transformation to authentic self may well include a process of reflection and critical thinking. As we saw earlier, Redmond (2004) suggests that transformation is indeed an end result of reflection.

Authenticity from a communitarian perspective suggests that there is a need to be part of a community where there are accepted social constructions and values and ideals (Taylor, 1991), perhaps in this instance being part of a community who value scholarship of teaching and learning. These accepted social constructions, values and ideals, I would suggest, may also lead us to question our authenticity in relation to what is true and acceptable to us. This in turn can encourage the discovery of what is creative and original in each of us, giving a meaning and purpose in life (Kreber, 2013). This meaning and purpose in life, whilst adding to our ability to be true to self, also recognises our need to be part of the community in which we are involved.

Finally, the correspondence view of authenticity is when learning experiences correspond to the real world, they become authentic to us (Splitter, 2009). In the case

of my study, the learning experiences would correspond with the practice area and practice experience. This also links to the correspondence theory of truth, perhaps suggesting that an authentic learning experience may also correspond to a truth, based on an experience or observation from the practice area.

I would like to touch on the attribute of sincerity which was one attribute that some of my participants mentioned as being important in health and social care professions and the education of students in this discipline. We also saw earlier that one of the elements of being authentic was being sincere. It is interesting to note that sincerity is often related to being true to others, whilst authenticity is associated with being true to oneself Kreber (2013). This seems to be linking authenticity to the idea of truth in two ways, truth to self and truth to others and thus possibly causing a conflict at times if the truth to others does not fit well with our own truth.

Williams (2004) goes further and links sincerity with confronting the truth, this being an interesting suggestion considering the dichotomy that could arise between the difference between one's own truth and the truth told to us by others. Confronting what is actually the truth and possibly reconsidering what it is may be helpful in resolving the conflict. Exploration of truth in this context may allow health and social care lecturers to reflect on truth and thus to realise the importance of sincerity in their professional practice and teaching.

Another of the issues with the idea of being true to oneself being a pathway to an authentic being, is that we sometimes cannot be absolutely sure that what we believe is necessarily our authentic choice. As we have already seen, there are several ways to understand the nature of truth according to the theories of truth. We may have been influenced in some way to believe that something is true, when in fact it is not necessarily our truth. The notion of adaptive preference suggests that we can come to believe something through such processes as habit (Vanberg 2014) or oppression (Khader 2011). I think one way of overcoming this dilemma is through the process of reflection as suggested in the critical perspective of authenticity. Joseph (2016) suggests three processes that authentic people go through, these being, to know themselves and their motivations, to own their own decisions and thirdly they must be

themselves. By pursuing these three processes, people are more likely to be true to themselves.

However, as being true to self is very personal, based on one's own beliefs, truths and experiences, it could be suggested that becoming authentic is an individual process and is relative to our personal truths. Relativism is the idea that views are relative to differences in perception and perspective. There is no universal, objective truth according to relativism; rather each point of view has its own truth. (Hales, 2009). In contrast, when beliefs and truths are shared, whilst authenticity may be personal to each person it may still be based on a shared or universal truth.

Perhaps another quality that would be important in being true to self, in light of potential conflicting truths, could be the quality of autonomy. Bonnett and Cuypers (2003) suggest that the elements of being autonomous include the ideas of a person being independent and free-thinking. In the educational context, this autonomy can be shared by students who should be respected for the way they think and Bonnett and Cuypers (2003) go on to suggest that if this autonomy can be combined with authenticity, the student can begin to make choices that are related to their inner motives'. They also go on to say that student authenticity should indeed be a central concern of education suggesting it has an 'internal relationship with personal significance in learning, moral education, interpersonal understanding and education for democratic citizenship' (p 339).

Barnett (2007) observes that 'authenticity' is an 'elusive concept' in higher education (p. 51). He claims that students must make sense of their teaching in their own way, being committed to their understanding of the teaching and thus displaying ethical attributes of integrity, courage, determination and sincerity. This he argues creates the authentic student, one who is not easily put off by a lecturer disagreeing with their interpretation or giving feedback that the student's learning or thoughts are 'nonsense' (p.30). The ability to defend one's own belief or 'truth' can also be seen to relate to Pritchard's (2010) idea that we can only believe in something if we think it is authentic. Therefore an authentic student has the ability to defend what he believes to be authentic.

Nixon (2008) states that there are two aspects of authenticity, the inner directed aspect and the outer directed aspect. Inner directed authenticity takes courage to assert a claim and seek for recognition while outer directed authenticity takes an element of compassion to get others' claims recognised. These are important aspects to note, both for the teacher and the student. The student is most likely to need courage to disagree with interpretations and application of theory and to put forward their own interpretation and the lecturer is most likely to need compassion when putting forward other theorists' claims and suggesting interpretation and application.

An interesting point about students becoming authentic is made by Brook (2009) who claims that authentic education and meaningful learning involve a 'transformation of our inauthentic self-understanding' (p.50). This in turn allows the student to transform inauthenticity into authenticity through a process of growth and exploration. Brook goes on to suggest that those who have been through this process of learning and becoming authentic go on to 'become humans who authentically care for others and the formation of others as authentic human beings' (p.50). I think this is interesting because in health and social care there is a parallel here with the notion of caring, which is something that is being taught primarily for the patients but of course also to respect each other's authenticity. Secondly, Brook claims that these individuals who have been through a process of learning authenticity also often go on to be teachers. My discussion chapter examines how lecturers in this study reflected on the formation of authenticity in their students and how this related to their own authenticity as university lecturers.

Barnett (2007), when discussing the question of truth in higher education, suggests that a genuine higher education allows neither a fixed sense of self which 'one has to be true' to or an isolation from 'one's educational environment' (p.46). To me, this seems to be suggesting that there can be a middle ground in understanding the sense of truth, which can be arrived at by both the student and teacher, with respect on either side. As lecturers we need to be aware of this middle ground and the impact a middle ground can have on the learner, and as Barnett suggests in his discussion of authenticity we also need to be aware of the student as self, meaning that we need to be aware that students have their own sense of self, an individuality which we mustn't assume bears any likeness to our own sense of self. Whilst there may not be a fixed

sense of self that one has to be true to, this does not eradicate the possibility that the lecturer may feel the need to be true to themselves, albeit this may change over time.

Kreber (2009), in her discussion of authenticity for the lecturer in relation to what contributes to good teaching, cites Palmer's (1998) suggestion that good teaching is 'a matter of teachers being true to themselves and to their subject' (p.4). Kreber observes that the ability to be true to one's subject relays the message to students of what the subject is about and why it matters to know about it. This, she further suggests demonstrates to students that the teaching is authentic because the teacher has shown how the subject matters in the 'real world'. In summary, it would seem that Palmer and Kreber are focussing on teachers being true to themselves, thus conveying their interest to the student. Within the scenario of university teaching, this could encourage a dialogue between the lecturer and the student, which would allow for the students' critical thinking to develop, thereby encouraging the type of authenticity in students described by Barnet.

If authenticity can be associated with being genuine, real and sincere then in relation to lecturers and students of health and social care, we could argue that these characteristics are required in the care of patients, albeit to differing degrees. If this is so, one would expect lecturers and students to be deploying these characteristics to a certain extent already within the practice area. The role of the lecturer would be to demonstrate how they utilise these elements in their own practice allowing the student then to determine how they can interpret these characteristics and make them viable for themselves. Thus the lecturer is being true to themselves while the student is potentially using critical analysis to determine what part authenticity plays in their learning and practice. Here we can see different elements of authenticity, first, authenticity as realising how to be true to self and, second, authenticity as the result of critical thinking.

I think it is important to reiterate here that Biesta (2012), in his discussion on the difference of 'learning from' and 'being taught', asserts that teaching is more than just facilitation of learning or the creation of learning environments. He states that there is a process of 'transcendence' which, based on the work of Kierkegaard (1985), suggests that the teacher not only has to teach the truth but the learner needs to be able to

recognise it. Biesta suggests that this taught truth is a subjective truth which only becomes a truth if we are willing to give it authority. Previewing a key finding of this study, the majority of my participants stated that they believed their role was to 'facilitate' or 'tap into' truth/knowledge/beliefs whilst remaining true to themselves, thus maintaining their own authenticity. If at the same time, students need to be able to recognise the truth being taught, which may not be what they are familiar with or even what they believe, they need to go through a process of learning which then allows them to 'recognise' the truth, which then becomes their own. They thus have been enabled to go through the process of becoming authentic. In this way authenticity plays a role in both the lecturer's teaching and the student's learning.

Another dimension of authenticity is discussed by O'Neil (2016) in relation to assessment. He observes that in order to be best prepared for a particular profession, an authentic way of assessing is needed in order to prepare the student not only for their own authenticity but also for the profession they are entering and the truths related to that profession. He cites Maclellan (2004) who states that learners in professions need authentic assessments to communicate the values of their chosen profession which in turn allow them to engage more deeply with the material of the course. This, I would suggest, encourages students to think in a more critical way, thus enhancing their opportunities to become authentic students and remain true to themselves. O'Neil (2016) goes on to say that making assessments more authentic also helps to make learning more relevant and fun; and at the same time the relevance of the authentic assessment motivates the student to want to implement the skills learned in the assessment. O'Neil particularly cites the usefulness of this process of authentic assessment within medical curricula. I would claim that within health and social care curricula, the notion of authentic assessment is also relevant to students preparing for their chosen profession.

Whichever way we view the notion of authenticity, I think these ideas of 'the authentic student' and 'authentic teaching' are relevant to my research as demonstrated later in the Findings and Discussion chapters in relation to the participants recognising and acknowledging their students' perspectives whilst still remaining true to their own beliefs about the theories they teach. The use of the words 'remain true to' links to the type of authenticity discussed by Barnett and Kreber.

2.16. Conclusion

This Literature Review has identified Theories of Truth which underpin the Findings and Discussion chapters which will follow. It is important to have an understanding of the complex nature of the meaning of truth and how it can be applied in different circumstances. In the context of this study, truth has also been reviewed in relation to knowledge, which was also a topic covered by participants in my study, both within the boundaries of their own knowledge base and also the students' acquisition of knowledge.

Literature with connections to the specific themes identified from the Findings has also been reviewed and it will be seen in the discussion how the literature has informed my analysis of the findings. Questions concerning truth have been explored in the examination of topics such as identity, discipline knowledge, professional attributes, formation of the health and social care curriculum, students' truths and authenticity. These areas will be revisited and considered in the light of my participants' observations.

Chapter 3: Methodology

3.1. Research framework

In my exploration of lecturers' conceptions of truth, a framework was needed in order to observe and understand their experiences of this concept. To understand the individual lecturers' experience of this phenomenon, it began to be clear that the phenomenon of truth in this instance would be best investigated using a phenomenological approach. This was because a phenomenological approach allowed for the opportunity to interview individuals and enable them to describe the phenomenon as it presented itself to them. Following the foundations of phenomenology established by Husserl, within phenomenological approaches the researcher can get a fresh perception of familiar phenomena and then extract the essence of the phenomena in order to assess their characteristics (Smith et al, 2009). This worked well within my research, with the familiar phenomenon being the understanding of truth and the fresh perceptions being related to the specific group of lecturers I interviewed, that of health and social care. This enabled me to determine the characteristics of this phenomenon as understood and experienced by this discipline, allowing me to identify five themes which were the recurring and pertinent ones for the participants in my study.

Phenomenological approaches to research fall within the qualitative research tradition. Qualitative research has been seen to involve a naturalistic approach to interpreting the world (Denzin and Lincoln, 2005) which fitted well with my research, as I used a 'personal' interview and asked questions which encouraged the participant to discuss themselves and their experience. A phenomenological approach studies the meaning of 'lived experiences' in relation to a concept or a phenomenon that is shared by several individuals (Creswell, 2007). This was an ideal way of exploring the lived experience of lecturers in relation to conceptions of truth and thus enabled me to look for similarities and differences within their experiences.

The 'lived experience' of individuals, as studied by the phenomenological researcher, allows for a description of the commonality of a particular phenomenon to be described as a 'universal essence' (Creswell, 2007, p.58). Such essences have been

argued by earlier phenomenologists such as Berger and Luckmann to actively construct a social reality and this reality can then take on the appearance of existing independently and can influence human behaviour externally rather than internally (McNeill, 1990). Husserl (1994) believed that it was possible to identify the essences underlying individual experience, in order to identify what underpinned universal structures or beliefs. While Langdridge (2007) suggests the notion of essences as thus described is a controversial one as it was never developed fully and did not reach a conclusive definition, I still found it a useful concept when considering the shared beliefs of my interviewees and also when interpreting the similarities in their experiences. Thus a universal essence of the notion of truth in health and social care lecturers could be explored.

As already indicated, phenomenological research approaches are best used when the study is seeking to understand several individuals' experiences of a phenomenon (Creswell, 2007). The advantage to this approach is that it is important to understand these experiences of lecturers to acquire a better understanding of the features of this phenomenon in order to develop practices or policies. In relation to the conceptions of truth of the lecturer when teaching, the advantage of this approach is that they have the shared experience of going into class and teaching which is where the starting point for the collection of data is. However, it may not be that there is a shared definition of the phenomena of concepts of truth and this approach also allows for different representations of the phenomenon of the truth. If the aim of enquiry within education is the search for truth by the student, as discussed by Pritchard (2010), then it is useful to know if lecturers share this belief and if their teaching is directed towards this truth. The data collected, and resulting analysis, could inform both practice and policy within the health and social care lecturer's domain, thus making a useful contribution to knowledge.

Within a phenomenological approach, the researcher needs to make sense of the participant and their lived experience while the participant is conveying their understanding and experience of the phenomenon. This is known as 'double hermeneutics and relates to the dual role of the researcher. Smith et al, 2009 explain that a double hermeneutics is:

When the researcher is making sense of the participant, who is making sense of x . This illustrates the dual role of the researcher as both like and unlike the participant. In one sense the researcher is like the participant because they are a human being drawing on every day human resources in order to make sense of the world. On the other hand, the researcher is not the participant and only has access to the participant's experience through what the participant reports about and is also only seeing this through the researcher's own, experientially-informed lens. So in that sense, the participant's meaning-making is first order, while the researcher's sense making is second order. (pp. 35-36.)

There is another way in which phenomenology operates a double hermeneutic in that while the researcher wants to adopt an insider's perspective, they need to remember to set them self aside and be able to 'puzzle' over the things being told to them, known as a 'hermeneutics of questioning' (Smith et al, 2009). This is also the practice of bracketing or 'epoche' which allows for abstaining from presupposition (Langdrige, 2007). I will discuss further perspectives on double hermeneutics in the next section.

3.2. Interpretative Phenomenological Analysis (IPA)

When refining how I would use a phenomenological methodology, I decided that using an interpretative phenomenological analysis (IPA) approach would best suit my research. I use the term approach because I am aware that IPA is a psychological methodology and of course my research is in education. I felt that some characteristics of IPA would most effectively enable me to analyse my data and present my findings and in conjunction with using a broad base of phenomenology, my understanding of my findings could evolve.

One of the main founders of IPA is Jonathan A Smith and I have relied heavily on his work and writing to inform my practice. He states that the main characteristics of IPA revolve around psychological, interpretative, and idiographic components. While this is research related to education, I think it could be argued that there is an element of cognitive psychology associated with the participants' understanding and thinking around the phenomenon of truth and their perceptions of the impact the phenomenon has on their teaching and students. This is due to the involvement of mental processes such as language use, memory, perception, and creativity thinking that are required by the participants to think about their interpretation of truth and their integration of it within their teaching. The interpretative nature of IPA allows the participant to make sense of a phenomenon and then the researcher needs to interpret the account from the

participant in order to understand their experience of the phenomenon (Smith et al, 2010). IPA is concerned with the interpretation of particular experiences of a phenomenon. It requires an in-depth, detailed consideration of the data resulting in what is termed an idiographic interpretation, meaning a specific and detailed interpretation of a particular phenomenon as opposed to a more generalised commentary on the research topic. Smith et al (2010, p29) suggest that idiography is a major influence in IPA because it deals with the more particular rather than the more nomothetic or general claims made in phenomenology about general laws of human behaviour.

3.3. Historical influences on IPA

IPA has a fairly short history in its own right, starting in the mid 1990's with Smith's first paper promoting the need for a methodology which was able to capture both experiential and qualitative approaches to studying psychology, starting with health psychology but quickly being adopted by those working in clinical, counselling and educational psychology and then later by cognitive psychology. IPA is informed by phenomenology and philosophy and is underpinned by Husserl's foundational claim that in phenomenological enquiry, experience should be examined in the way that it occurs and in its own terms. As we will examine again later, Husserl directs us to go back to the things themselves, meaning the experiential content of our consciousness. (Husserl, 1927). In going back to understand the experiences we have had as directed by Husserl, a process of reflection is needed, and it is this process that has been most influential on IPA (Smith et al, 2010, p188).

Heidegger (1927), a student of Husserl, whilst acknowledging Husserl, suggested that Husserl's work was too theoretical and that a more practical approach was needed to interpret the lived experience of individuals. This fuelled discussion in relation to hermeneutics, interpretation of people's meaning-making activities and how this could contribute to phenomenological enquiry.

The concept of the lived experience as studied in phenomenology and IPA in particular was contributed to by Merleau-Ponty, who believed that describing the embodied nature of our relationship to the world helped us gain an understanding of our experiences (Smith et al, 2010, p18). He suggested that the physical and perceptual

experiences of the world impacted on our understanding more than abstract or logical ones.

Finally, Sartre contributed to the underpinnings of IPA in his exposition of the stance that to be able to understand our lived experiences we need to engage with the world and then make sense of it. He suggests this is an ongoing process and we discover things about ourselves all the time (Smith et al, 2010, p19). I found this interesting when watching my participants talk about their concept of truth, through their reflections I could see that they were also going through this process themselves.

3.4. Application of the characteristics of IPA to my own research

Applying the characteristics of phenomenological methodology, interpretative and idiographic to my own research, I decided that in order to research other lecturers' understanding of the truth in relation to their teaching and their students, I needed to be able to examine how these lecturers make sense of the nature of truth within their lived experience. As already mentioned, this involved using both a phenomenological method and a need to analyse and interpret using an IPA approach, in order that a cohesive and detailed set of findings evolved which mirrored each participant's individual experience. Firstly, the phenomenological method allowed me to study the lived experience of the lecturer so that I could focus on the participant's construction of the nature of truth. As Langdridge (2007) suggests I have put the participants' 'experience as centre stage' (p 4), in order to acquire an understanding of their perception of the phenomenon being explored.

While my research focus was on the lived experience of my participants, the lived experience I was asking about, whilst personal to each participant, was also a shared lived experience. The aspects of the experience that were shared were firstly the practice of teaching and secondly answering the same research question with regards to the nature of truth. They also shared a health and social background in which they had all practised prior to commencing their teaching. Smith et al (2009) observe that IPA is a good way to approach the interpretation of a shared experience because it focusses on personal meaning and sense-making by each individual thus allowing for the differences within this same experience to be highlighted. It does this by encouraging the participant to reflect and interpret their actions when talking about the

experience. My role here as the researcher was to encourage these processes of reflection and interpretation by the questions I asked and by regularly reflecting back my interpretation and checking it was what the participant had meant.

My own processes of reflection and interpretation included consideration of the hermeneutic cycle as described by Smith et al (2009). They believe that within IPA in order to understand the whole of something we need to understand the parts of it and to understand the parts of it we need to understand the whole of it. Whilst this position might be criticized by other researchers, Smith et al. believe that, within an analytical scenario, it is essential and creates a cycle of logical thinking that allows us to reflect backwards and forwards within our interpretation of the lived experience. They further suggest that moving backwards and forwards through our reflection allows us to think of our own relationship to the situation, which in turn enables us to bracket ourselves from our own taken for granted understanding.

There were times when I noticed my own experience influencing my interpretation and it was at these moments that both my ability to recall and be guided by the idea of double hermeneutics became a useful tool to help me bracket my own thoughts. I began to recognise when my own experience was influencing me in two ways. The first way was when I could relate well to what someone was saying and then my enthusiasm to relate got in the way of listening fully to the participant because I wanted to input my experience. Alternatively, it occurred when I hadn't had the same experience as the participant and in order to interpret it I would find myself qualifying the experience in my own terms and then I would realise I had to stand back and ask the participant what their interpretation was. I did this by checking with them if I had understood them correctly, perhaps by asking 'is this what you mean' or asking them to confirm if my interpretation was correct. Sometimes this would happen quickly and I would be able to do it at the time, however sometimes it would only occur to me as I was analysing the transcript afterwards and I would either meet with the participant again or have a telephone conversation to clarify this.

Secondly, having collected my data I needed a way to make sense of them and analyse them and this is when I explored the effectiveness of IPA and its suitability to my own

research, resulting in using an IPA approach because it enabled me to concentrate on the personal detail that I wanted.

IPA, a qualitative research approach, was initially used by psychologists to examine how people make sense of their major life experiences (Smith et al, 2009). It involves exploration rather than identifying definitive answers and, as already discussed, allows for the exploration of one person's experience without having to categorise it in a predefined way. This was exactly what I wanted to do with each of my participants as I had already realised that each person was coming up with different experiences of the nature of truth and individual ways of defining it. However, at the same time there were also similarities in general terms which allowed the emergence of themes which could be explored further in relation to the literature reviewed. The philosopher Husserl, advised phenomenologists to go 'back to the things themselves' (in Smith et al, 2009, p.1) and IPA follows this lead in its ability to analyse carefully the individual's experience rather than to homogenise experiences. Husserl (Smith et al, p1) thought it important to focus on each part of an experience in its own right to create new understanding rather than quickly categorise experience into pre-existing categorisation, thus 'going back to the things themselves'. He believed this also required the ability to reflect on experiences so that new ideas and categories could evolve. I found this particularly exciting as in health and social care teaching, reflection is encouraged particularly in the practice area and so I was interested to see that the process of reflection was utilised in the participants' accounts regarding the concept of truth, reflection on action as opposed to reflection in action in this scenario.

In order to interpret a participant's experience of the phenomenon of truth, the theoretical stance within IPA of hermeneutics or theory of interpretation (Smith et al, 2009) is viewed as essential. IPA posits that human beings try to make sense of their world and that it is this 'making sense' they reflect on that can be captured by the researcher. Once this account was captured by me, I then needed to make sense of it in turn, thus resulting in a double hermeneutic. However, as IPA views as necessary, I was able to then employ my sense-making in a more systematic way in order to interpret the data collected by looking for themes in each individual's account and then seeing if in fact any of these individual themes were indeed shared themes. However,

this was not to the detriment of the individual themes which emerged and the divergence in themes and experience was as important.

Exploring truth raises questions in relation to the philosophy of knowledge. IPA has been informed by a theoretical perspective on knowledge that fitted my research. Philosophically, IPA is oriented to look at the *individual's* understanding of the world in order to 'make sense' of it and in turn this sense-making leads to an 'individual' knowledge. I decided that this approach would allow me to focus on how my participants construed the nature of truth and understood the idea of truth in relation to teaching, enabling me also to see how their understanding of truth might impact on their students.

Further, as an interpretivist methodology, the approach emphasises social interaction as a basis for knowledge where the researcher uses her skills as a social being to try to understand how others understand their world (O'Donoghue, 2007). Through the discussion and subsequent analysis by the researcher, knowledge is then constructed by mutual negotiation and is therefore specific to the area being investigated. Interpretivism seeks to understand the meaning behind something, often social circumstances or human behaviour. In order to share this meaning there is a need for some form of communication, either the spoken word or written word. However, this involves us sharing the same understanding of the word, hence the idea that a symbolic interaction is required. Smith and Lovatt (1991), note that in order for us to share this symbolic interaction, we need to negotiate a meaning through our communications (O'Donoghue (2007). Thus, interpretivism exactly takes account of the researcher's acts of interpretation of participant's words rather than thinking that the meaning of participant's words can be straightforwardly 'read off' from the interaction.

As we saw earlier in relation to Husserl, IPA is also concerned with exploring experience in its own terms rather than attempting to fix experience into pre-defined or abstract categories. IPA therefore attempts to acknowledge that experience is a complex term, which varies in significance for people and in its meaning to people (Smith et al, 2009). It involves interpretation which requires detective work by the researcher to identify the phenomenon and then make sense of it, so the 'interpretative' side matters (Smith et al, 2009). At the same time, the participant is making sense of

the phenomenon whilst the researcher is interpreting it, thus, as explained in a preceding section, IPA involves a double hermeneutic (Smith and Osborn, 2003). This was very relevant in my interviews as it had become apparent that as the participants had been talking to me about the phenomenon of truth, they were also making sense of it themselves alongside my clarifications with them about my interpretation.

3.5. Validity

In Yardley's (2000) work she suggests there are four broad principles for assessing the quality of qualitative research which include sensitivity to context, commitment and rigour, transparency and coherence and finally impact and importance. Smith et al (2009) argue that these broad principles can be met within IPA because of the nature of the research exploration. For example, sensitivity to context in IPA is necessary when exploring people's lived experience, as without this the data will not be forthcoming, so when interviewing participants a sensitivity to what they are saying is important in order to encourage them to share their experience. Commitment and rigour is demonstrated by the degree of attention the researcher will need to give to the interviewee to elicit the required information. The transparency and coherence will be evident in the analysis and write up of the research and the impact and importance will be demonstrated if the write up is interesting and useful.

In my interviews, I have indeed experienced the sensitivity needed in relation to this topic and made adjustments to my interview techniques as I progressed, in view of this. I found that when initially asking about the nature of truth, some lecturers were slightly defensive if their definition was based on 'accuracy', in that they appeared to think I was testing them on the accuracy of their knowledge. Further conversation and openness allowed me to correct this assumption.

In deciding which approach to take, I briefly considered using a grounded theory approach or an ethnographic approach. In a grounded theory approach the intent is to generate or discover a theory (Creswell, 2007). However, I rejected this as I was more interested in the participants' experience than in generating a general theory about truth. An ethnographic approach would have allowed me to be a participant observer in the cultural group of lecturers (Creswell, 2007). Again I rejected this because although I am part of that cultural group, I did not feel that being immersed in that way

would allow me to concentrate on the experiences of the rest of the group as individuals. Also I am interested in how individuals experience and represent the world rather than examining social/cultural practices.

Further, I did not believe that either a grounded theory or ethnographic approach would allow me to interpret the participants' experiences in a way that allowed for a 'personal' representation of the interpretation of truth. This representation needed to be based on the individual's construal of their own experience which is not always stable but can be reflected on and re-interpreted, as more thought is given to the experience or when discussed as in this case with myself as the researcher.

In my role as researcher, I asked questions which allowed the participant to do this reflection and to interpret the phenomena of truth in a deeper way than they may have already done in order to create their own theory. However, their theory was not necessarily shared by other participants, hence a grounded theory approach may not have been able to emphasise the differences in participants' theories and illustrate their individual lived experience, in this instance, as well as IPA could.

Whilst grounded theory allows for a comparison of indicators, concepts and categories (Glaser, 1992) thereby enabling the construction of a social science theory, it can be argued that it gives prominence to the *collective* data rather than the unique individual experience as in IPA. The beliefs individuals hold on the nature of truth can potentially guide their experience thus allowing for a personal experience to be revealed in IPA rather than a shared concept.

Although ethnography is able to represent the culture within a group, it seemed to me that the individual experience could get lost in the pursuit of defining the culture of the group. Whilst there were shared ideas in the individuals' definitions of truth, the experiences each participant has had are always going to be personal to them. I did not want to lose this personal aspect of each participant's experience but wanted it to be seen alongside the culture of this group of health and social care lecturers. Reeves et al (2008) suggest, it is groups and communities that matter in ethnography but for me in this research it was the *individuals* within the community of health and social care lecturers that mattered.

3.6. Piloting

In order to construct an interview schedule that was well-aligned with the purposes and focus of my study, I thought it would be helpful to experience some practice interviews. Hence I decided to arrange a pilot study and organised four interviews with lecturers working in higher education. I conducted the pilot study with a mix of participants from business, science, education, and sports science, using a semi-structured process of interviewing. Whilst it was very useful to perform this study, I performed it prior to my progression board, at which I was advised to only interview participants from one discipline, health and social care, which is my own area of teaching. This advice was given because it was suggested that to interview individuals across several subject disciplines would be unwieldy. It was very sensible advice and in fact I had realised this myself when performing the interviews, due to the broad spectrum of data not allowing enough specific interpretation and construction of themes.

However, what was most useful was the ability to practise the process of interviewing and the transcription of the interviews. It allowed me to see that I often asked rather closed questions which did not allow for the participant to relate their individual experience of the topic area of truth within their teaching. As Langdridge (2007) suggests, the pilot also allowed me to identify 'key issues' (p.67) which helped me amend my interview schedule for use in the actual data collection. I was therefore able to reflect on my interview approach in the pilot study and realign it to be appropriate for the data collection within my main study.

I also realised that the topic of truth seemed to be quite a challenge for my pilot candidates to consider. This was partly because they had not necessarily thought about their teaching in relation to truth and also because the topic of truth is both philosophical and difficult to define. One link to truth that did seem to come out often was the connections between truth and knowledge. Hence when I reconsidered my questions for the actual research, I decided to ask if truth was present in their teaching, to allow the participants to consider the truthfulness of their teaching. I thought they might link truth with the knowledge they taught rather than thinking I was questioning their ability to tell the truth and be honest. This distinction seemed to be important to

the candidates in the pilot and in fact at times the candidates asked if I was questioning how truthful they were in their teaching, which at times they suggested made them feel edgy. The edginess they told me was in relation to them wondering if I was asking them if they ever lied in their teaching and I took time then to explain my interest was in how they conceived of truth in relation to the knowledge that they were teaching.

Again, it was the edginess the pilot participants referred to which allowed me to think carefully about my approach to the interviews and to be very careful not to imply I was checking up on an individual's honesty with students. It also encouraged me not to get too involved in the participants' answers and to set aside what I may think about the content of the answers or approach to teaching and students.

3.7. Data Gathering

IPA requires the collection of 'rich data' by which is meant that participants are enabled to tell their story, to speak freely and reflectively and to develop their ideas and express concerns (Smith et al, 2009, p.56).). In order to gain this rich data it was important at the start of the interview to establish a rapport with my participants. The way I did this was to sit in an open way and to avoid being in any way confrontational. I began by telling them a little bit about myself, my doctoral studies and my work at the university in which I am a lecturer. I also talked about my professional background and where I have worked as a children's nurse and neonatal intensive care nurse. I then explained how my assignments and study for the doctorate had got me interested in the nature of truth and why I thought the research I was attempting would be useful to colleagues in their approaches to teaching. If the participants asked questions, I attempted to answer them in an open way and then prior to starting the interview I asked if they had any further questions about the interview and assured them we could stop at any time if something was troubling them.

My experience was that the participants seemed to become immersed quite quickly in the topic and were keen to talk about it and explore their thoughts and reflections with me. I usually began by asking the candidates to tell me something about themselves, often they were slow to start and so I tended to give slight prompts both to encourage them and also to demonstrate that I was listening. An example of the start of one interview can be seen in appendix A.

In depth interviews which are semi structured are commonly used to elicit these rich data and it is useful to create a schedule prior to the interview. Within my interviews I used an 'interview topic' prompt sheet and found it worked well. This can be seen in Table 3.1. While it was useful as a guideline, the semi-structured format also allowed for some detours which elicited information that a structured approach would not have.

My interview prompt sheet aligned with what Smith et al (2009, p.59) call a schedule, a flexible guide to structuring the interview which allows the participants the opportunity to discuss their own ideas. The schedule he says is iterative, in that it allows for a process of change and development both during the interview and again after the pilot or first interviews. I found this useful advice because each participant emphasised different aspects of truth and thus the flexibility within my schedule, or 'prompt sheet' as I viewed it, allowed the flexibility needed to elicit each individual's lived experience.

Table 3.1: Interview Prompt Sheet

INTERVIEW TOPICS
How does the concept of truth relate to your teaching?
What is your definition of truth?
Do you see the concept of truth as being part of your teaching?
Do you think truth has a value in teaching?
Is truth present in your teaching?
Is it THE truth?
Whose truth is it?
Does the concept of truth matter?
Is there more than one truth?

It is not uncommon in an IPA approach, to conduct several interviews with the participant at intervals throughout the data collection or to ask the participant to write a reflective diary prior to a second interview, which would drill down further into the lived experience. Within the first interviews all participants were happy to do a second interview following the transcription of the first interview but no one was keen to keep a reflective diary because of time constraints. However, what I found was that the interviews themselves did in fact provide me with a very clear and detailed sense of how the participants viewed the phenomenon of truth, so it resulted in me concluding

that it was not necessary to ask for a reflective diary. However, as mentioned earlier, I did in fact have second interviews and follow-up phone calls in order to check with my participants that I had interpreted and understood what they had discussed with me. This was dependent on what suited the candidate in terms of both availability and the distance between us.

During the interviews, it was noticeable that talking about both such a philosophical subject as the truth and the process of being a lecturer, was quite a sensitive subject for the participants. My interpretation that the subject was sensitive was formed from the way they would sometimes ask me what I thought of their answer or their approach to teaching, apparently looking for a connection or reassurance. Accordingly, in my role as researcher, I needed to be mindful of the way I asked the questions and listened to the answers. I was aware that I can sometimes be too quick to respond and had to learn to be comfortable with silence as the participants were thinking about what they wanted to say and as they were interpreting their own answers.

Yardley (2000) suggests that conducting a good IPA interview requires skill, awareness and dedication that includes showing empathy, allowing the participant to feel at ease, recognising any difficulties with the interactions between participant and researcher and allowing for differences in experiential processes. As I noted earlier, she goes on to suggest that the ability to show sensitivity to the research process is important and allows for good data collection. With this in mind, I did try to promote these aspects in my interviews and tried hard to pick up on any potentially negative processes to be dealt with in order to keep the interview both comfortable and productive. I approached the interview with what I thought was sensitivity and at times I had to rely on intuition to recognise any discomfort in the participant, such as vulnerability. Hence it could be argued that the interpretation within the interview was not simply on the content itself but also on the nature of the interaction within the interview and the dynamics between the participant and myself as a researcher.

3.8. Sampling

As indicated earlier, IPA centres on an in-depth analysis of a phenomenon as a lived experience. In order for this in-depth analysis to be feasible, it is usual that interviews are required from just a small number of people and often on more than one occasion. These interviews can produce a large quantity of material and so the IPA approach to small scale research is an advantage because of the lower number of participants it requires (Denscombe, 2007). The advantage of using IPA is that it can concentrate on one phenomenon of a lived experience, rather than the generality of lived experiences. The number of participants in the research can vary from 5 to 25, although more commonly it is around 8 to 10 (Creswell 2007) thus allowing for the in-depth analysis required.

The selection of participants must be purposeful (Smith et al, 2009) in order to enable examination of the particular research questions and give a focussed picture of the lived experience which results in rich data. Thus the participants can give a picture of the specific phenomena being examined and the data collected can be detailed and represent ‘a perspective rather than a population’ (Smith et al., 2009, p46). My intention was to gain a perspective from practitioners in health and social care, hence I was careful in my selection to cover a wide range within health and social care, to include a cross-section of lecturers within this subject area. Due to the necessity within IPA to gain rich data, I also wanted to get detailed observations from my participants and decided I would interview between eight and ten lecturers. This allowed the inclusion of different disciplines within nursing, a physiotherapist, a social worker a pharmacist and research lecturers within the discipline area. Some of my participants also taught several disciplines within the health and social care arena, which I thought would give an even wider insight. Smith et al. (2009) suggest there is no right size of sample although they do suggest between four and ten is appropriate for a professional doctorate because of the amount of time it takes to interpret the interviews and the word restriction.

I finally chose to interview nine lecturers. These interviews lasted up to one hour. Once transcribed it was apparent that each interview had collected a large amount of data. I interviewed participants in a variety of universities which included post-92

universities, Russell Groups and one university from the 1994 Group. I made this decision because I wanted a broad variety of participants who I felt would be less likely to produce a 'bias' in my findings which was related to one type of university. Obviously what I was looking for was the individual's experience of the concept of truth in relation to the health and social science teaching they undertook and their students' experiences of this. I didn't want this to be skewed unknowingly because of the type of university they taught in which may have had foundations in different goals such as research or widening participation.

3.9. Data Analysis

Typically, IPA analysis has been described as an iterative and inductive cycle (Smith, 2007) which uses the following strategies:

- line by line analysis of experiential claims, concerns and understandings;
- identification of emerging patterns, i.e. themes, which emphasise both convergence and divergence, commonality and nuance;
- development of a 'dialogue' between the researcher and their data demonstrating a coding which enables interpretation of the data collected from participants;
- development of a structure, frame or gestalt which illustrates the relationships between the themes;
- organisation of the material which can demonstrate the tracing from analytical data collection through the stages leading to the final structure of themes;
- use of supervision, collaboration or audit to test and develop the coherence and plausibility of the interpretation;
- a structured guide which takes the reader through the interpretation process;
- reflection on own perceptions, conceptions and processes.

While this may be the basis for the analysis, Smith (2007) states that there is no right or wrong way of conducting it. However, what he does suggest is that the approach best taken is to read and reread the data, then start to make notes of explanation on them perhaps using some descriptive words to help understand and explain them. This can often be best done in a table and will then proceed to the inclusion of a column for

linguistic notes on the language used in the data prior to making some conceptual comments to elicit concepts. Finally, these conceptual comments need to be deconstructed and decontextualized which will then allow for interrelationships between participants to emerge and thus the development of themes. The themes can then be examined for connections across them which involve abstraction and polarization of the transcripts before finally moving to deeper levels of interpretation. Smith further suggests that the novice researcher is better working with the hard data rather than using computerised systems, but of course this is up to the researcher to choose.

With these points in mind, once I had completed the transcripts of my interviews, I commenced a line by line analysis of the experiences related to me by the participants. I started by looking for words that the participants had used in relation to their understanding and definitions of truth; and then on a fresh table with these words on the left-hand side, I made comments about the use of the words. An example of these initial words I found, can be seen in Appendix B. Smith et al. (2009) suggest that it is useful in this initial noting to focus on three types of words: descriptive, linguistic and conceptual. Accordingly, in the notes I initially classified my list of words into these categories.

Once these categories were complete I went back over the comments and was able to identify some emerging patterns which were common to all the participants. What was interesting was that these patterns were common but the participants' experiences of them were personal and thus also demonstrated differences in understanding of the phenomenon of truth and their experiences with students. These individual beliefs will be examined later in the individual participant findings, however, the common emerging categories were related to the understanding of the phenomenon of truth as an individual and then in relation to the process of teaching, the process of learning, authenticity in both the teaching process and the learning process and finally professionalism within the discipline along with the presence of specific knowledge in those disciplines. I then went back to the transcripts and began to code. I allocated a different colour for each theme and started my reconsideration of the transcripts by identifying the themes in each with the allocated colour. I found that this allowed me

to develop what Smith described as a dialogue with the data and the beginning of a framework in which to understand and interpret the interviews.

Following this, I needed to be sure the themes would adequately allow for the similarities and dissonance between the participants in order to enable a full and valid discussion of my findings, so once again I went back through the transcripts, several times, to see how I could develop a structure for my interpretation by breaking the themes down further. By scanning for further sub categories, I was able to determine which themes would allow for comprehensive analysis because they answered the research questions, this can be seen in Table 4.3. Smith et al (2009) talk about this as a structure frame or gestalt. I liked the idea that I had arrived at a gestalt which can mean a feeling of 'wholeness' as I felt that I had indeed broken down my data and then reformed them into relevant themes which once analysed would leave me a feeling of wholeness. This was because my data was captured into an interpretation which was whole and meaningful. I felt this also followed the advice given by Smith that the material was now organised in a way which allowed for tracing through the stages of my analysis to demonstrate how the themes were arrived at.

3.10. Emergent themes

As mentioned earlier, when examining the transcripts, themes began to emerge. In IPA, Smith et al (2009) suggest that when looking for emergent themes the task needs to involve reducing the amount of detailed data in the transcript without losing the complexities that have emerged from mapping the interrelationships and patterns in the first exploration of the data. In my initial exploration I looked for the word truth and then made notes on all the surrounding information as discussed above and indeed, as Smith suggests, this led me to a large amount of data. So once I had identified all the truth related material, I began by seeing how well it answered each of the research questions which allowed me to compile three broad categories:

- Concepts of truth as held by lecturers;
- How the lecturers perceived their concept of truth impinged on their teaching;
- How the lecturers perceived their concept of truth had an impact on their relationship with students.

Following this first categorisation, I then went back to see what recurring issues appeared in the categories and to see if there were connections. What I found in the first category was that each of the lecturers started by defining truth and reflecting on their own understanding of truth as though setting the scene for the ensuing discussion. It seemed important that the lecturers' conceptions of truth did not get lost in the ensuing themes as after all this was the underpinning to the research questions. Without this understanding it would be impossible to explore the impact on teaching and the students. The exploration was also key, remembering that in IPA the main crux of the research is to explore participants' experience whilst attempting to interpret it, but not to expect an absolute explanation.

The second category, once analysed further seemed to be showing repeated links to teaching in relation to the classroom because this was where the lecturer perceived they did most of their teaching. However, what was also apparent was that due to the nature of the subjects being taught and the fact that the students were also being taught in relation to their future profession, a second element was emerging associated with professional identity and the learning and teaching that took place in the practice area. The form this teaching took was either through the lecturers' own professional practice or through reflection on the students' experiences out in practice. It seemed important then to address both these elements and thus two themes emerged from this category, one related to the learning and teaching in the classroom which involved the sharing of knowledge, beliefs and pedagogy and then the second theme encompassed the learning and teaching in relation to professional identity and practice.

Finally, in re-examining the third category, the impact on the student as perceived by the lecturer was clearly being demonstrated and was substantial enough to become a theme in its own right. However, running alongside this was reference to the notion of authenticity for both the lecturer and the student. There were several dimensions to this authenticity, firstly that the concept of truth as understood by either lecturer or student had resonance for them, thus was seen as authentic or believable (Pritchard, 2010). Secondly that both lecturer and student could see that authenticity in truth could be different for individuals and that to become authentic one needed to have the confidence to agree to disagree. As mentioned in the literature review, Barnet (2007) talks about an authentic student who is able to defend his or her truth. Similarly the

lecturers in their interviews talked about being true to themselves in their teaching of knowledge and beliefs and at the same time allowing students to form their own truths. Hence the fifth theme emerged as truth in relation to authenticity.

The themes are identified in the following table, 4.1. Once I had identified these themes, I went back to the transcripts to see how many times they had been coded so that I could identify the frequency with which they occurred. I felt it was important to check that topics in relation to each theme had been mentioned by each participant, allowing enough data for analysis and discussion.

Table 3.2: Themes

1. The Concept of Truth as understood within the individual lecturer's experience
2. Truth in relation to the classroom, process of learning and teaching, knowledge and epistemology
3. Truth and knowledge in relation to health and social care and professional identity
4. Truth in relation to the impact on the student
5. Truth in relation to authenticity

The ranking of frequency of occurrence of themes, from more frequent to less frequent, is as follows in Table 4.2.

Table 3.3: Ordering of themes from more frequent to less frequent

1.	Truth in relation to the classroom, process of learning and teaching, knowledge and epistemology
2.	The Concept of Truth as understood within the individual lecturer's experience
3.	Truth and knowledge in relation to health and social care and professional identity
4.	Truth in relation to the impact on the student
5.	Truth in relation to authenticity

I also wanted to see how the themes related to my research questions. On both counts I was satisfied that I had relevant themes and that they certainly did relate to my research questions as shown in the following table 4.3. The relationship between the research questions and themes evolved as I was coding the answers and examined closely the participant's discussion from the interviews.

Table 3.4: Relationship between themes and research questions

<p>Research question 1</p> <p>What conceptions of truth are held by Higher Education lecturers within the Health and Social disciplines?</p> <p>Themes</p> <ul style="list-style-type: none"> • The Concept of Truth as understood within the individual lecturer's experience • Truth and knowledge in relation to health and social care and professional identity • Truth in relation to authenticity <p>Research question 2</p> <p>How do these lecturers perceive these conceptions of truth as impinging on their teaching and relationship with students?</p> <p>Themes</p> <ul style="list-style-type: none"> • Truth in relation to the classroom, process of learning and teaching, knowledge and epistemology • Truth in relation to the impact on the student • Truth in relation to authenticity

What I found interesting in this exercise was that the theme entitled 'Truth in relation to authenticity' belonged with both research questions. This was because this theme further broke down into authenticity as experienced by the lecturer and authenticity perceived by the lecturer to be a possible experience for the student. Also, many of the participants discussed how they felt they contributed to the student's own authenticity. I considered breaking this theme down further, into two separate themes. However, it seemed to me the authenticity discussed in the answers to both research questions was

related to truth in relation to how knowledge interpretation affects both the lecturer and the student. Thus this common denominator seemed to make it appropriate to class it as one theme, relating to both questions.

3.11. Supervision

The use of supervision allowed for the next stage as described by Smith and indeed was valuable to test out the coherence and plausibility of my interpretations and analyses. It was interesting to see that what seemed obvious to me was not always so readily accepted by those who supervised my work. While at times this left me feeling lacking, it was actually essential to test these theories out and demonstrated how interpretation can be subjective. The best way I found to tackle the difficulties in interpretation was to go back to the participant and check with them if I had understood what they had meant, as already mentioned I did this either by phone or second interview.

The final two stages in the analyses process can be seen in the Findings and discussion chapter, where I will detail my interpretations and will reflect on my own perceptions, conceptions and processes in relation to the literature discussed earlier.

3.12. Research Ethics

When interviewing subjects in my research it was important that not only were they consenting to be interviewed but also that this process caused them no harm. Many research codes are in existence to protect the subject and include the importance of demonstrating trust, truthfulness and honesty in the researcher (Macfarlane, 2009). Macfarlane further suggests that the word ‘integrity’ appears frequently in ethics codes of practice and it is important to have an understanding of what this involves for the researcher. While the word integrity has a literal meaning of ‘whole’ or ‘entire’, Macfarlane suggests that it can be understood as ‘respecting the intrinsic worth of each individual and their human dignity’(p.44). I was very conscious of this when conducting my interviews and was careful not to show negative feedback or surprise at what the participants spoke about. I used listening skills and maintained eye contact so that the participant could see I was interested in what they were saying. I prompted if necessary and I would say that perhaps at times I was a little too talkative because I

found what the participants were saying was so interesting and I wanted to check I had understood it.

My research also required subjects to discuss a personal interpretation of the nature of truth and this, I think, at times led them to feel vulnerable. It was paramount in my interview techniques to recognise this and at all times to follow an ethical code of conduct which included respect, privacy and sensitivity to the subjects' feelings. An example of sensitivity that was required by me as a researcher occurred on one occasion when the subject appeared defensive of his interpretation of truth and the effects it had in his teaching. I was able to recognise this and assure him that he was free to discuss his teaching and his interpretation of truth and that these would be free from criticism. On a second occasion with a different participant, he stated prior to the interview that he found talking about the question of truth a very personal experience and that he was not sure if he would be able to be open and honest with me because of this vulnerability. This allowed me again to reassure him that what he told me was to be anonymous and that if at any time he wished to stop the interview, he only had to say so. Again, this appeared to reassure him and he was then able to contribute valuable data.

The skills of interviewing are important to put the subject at ease and to extract the lived experience in an ethical way. For this reason, I attended a workshop on qualitative interview skills at the University of Surrey, prior to commencing the data collection. This allowed me to practise my skills and to share experiences with researchers with more practice than myself.

There were also guidelines which I adhered to from the British Educational Research Association's Revised Ethical Guidelines for Educational Research (2004) and The University of Edinburgh, College of Humanities and Social Sciences Code of Research Ethics (2005). At all times anonymity and confidentiality were respected and participants assured of this prior to them consenting to be interviewed. I also devised a consent form based on the World Health Organisation's guidelines for each participant to peruse a week prior to the interview and then to sign on the day of interview. This has been kept in a locked box and will be destroyed following completion of my research and Doctorate.

Finally, I followed the process of the University of Edinburgh's ethical approval requirements. As my research was deemed to be Level 1 it was required to be approved by my supervisor and forwarded to the Ethics Committee secretary for evidence of completion. This was done and my supervisor approved the ethics form.

3.13. Anticipated problems

The use of bracketing by the researcher in phenomenology has been criticised as being unrealistic to achieve (Denscombe, 2007). In bracketing, the researcher puts aside their own ideas about the phenomenon (Creswell, 2007) in order to distil the essence of others' lived experience. However, in many approaches to research the knowledge position of the researcher is an issue and phenomenology is not alone in this criticism. Even within phenomenology, the interpretative phenomenologist would agree that it is difficult for a researcher to bracket (van Manen, 1990). However, the researcher then needs to be aware and reflect on how they wish to be represented in the analysis (Le Vasseur, 2003).

I was aware of the issues with bracketing both during the interviews and the analysis but what I found helpful was to continually remind myself that I was listening to and interpreting someone else's lived experience, which was naturally going to be different to mine. I continually reminded myself to stand back and view the information I was being given, rather than getting caught up in comparisons between what I thought and what the participant was thinking. I actually found this easier than anticipated because the lived experience of others was fresh and new for me and I felt privileged to be on the receiving end of it.

In the next chapter, I propose to demonstrate how my findings informed the formulation of the themes, by outlining what each of my participants discussed in their interviews and assessing how this contributes to each of the themes. In line with phenomenology, I am interested in considering each of my participants' lived experiences on an individual basis, so I propose to address each participant's interview in its own right, showing how it relates to each theme, rather than putting the themes first and matching my participants in with the themes. I think this is important in order to emphasise the lived experiences of my participants.

Chapter 4: Findings

4.1. Introduction

In this chapter I propose to first present the findings for each individual separately. I have chosen to do this so as not to lose sight of the individual's unique lived experience and identity within this phenomenological research.

I will use the themes identified in the preceding chapter to structure the findings and will discuss the findings from each participant within the five themes in order to illustrate the similarities and differences between each participant and in the light of the literature examined in the second chapter. The order of the themes presented will be in line with the flow of questions through the interviews rather than the frequency with which the themes were mentioned, as presented in Table 4.2. This is because it gives a better sense of the lived experience of the participants and the flow is more logical.

Within the findings and discussion I will refer to each participant by number and will shorten Participant to P, thus resulting in the participants being referred to as P1 through to P9. This will allow for easy identification but maintain anonymity within the research.

4.2. Rationale for presentation of each participant individually

In order to acquire an understanding of their perceptions of the phenomenon being explored, I have, as suggested by Langdridge (2007), put the participants' experience at centre stage by collecting 'naturalistic first person accounts of experience' (p. 4). Only by doing this could I make an attempt at interpreting their conceptualisations of truth which are individual to them; and as this was centre stage, it was imperative I did not lose it through a homogenisation of the findings. I believe that this could be achieved only through presenting each participant in turn rather than using the themes to determine and present the findings. While this has occasioned overlap at times, this is actually of value when discussing the findings, in that overlaps as well as contrasts can readily be identified. I also believe the identity of the participant has been preserved in the stories they told when discussing and describing their understanding

of the nature of truth. These stories could be described as narratives because they contained their own lived experience, usually in relation to their teaching and professional life but also at times in relation to their personal lives. Only through reflecting on this unique combination of lived experiences, could the participant have a view of their own definition of truth and their relation to it. It seemed to me as I listened to these stories that once the participants had related their representation of the truth, they could then determine for themselves how it impacted on the students they taught. Whilst there tended to be similarities in their interactions with students' learning, what was fascinating was how the lived experience that got them to that stage of their understanding was often different.

In telling their story, it struck me that the participants may not have previously thought about the definition of truth in any conclusive way. However, during the story telling it suddenly dawned on them that they did have an understanding of truth and that it did impact on their teaching and how they viewed their students' learning journey. This was evident because on several occasions the participant would say they had never thought about it in relation to truth before but that as they were discussing their concepts of truth, they said they realised that they probably had thought about it in a subconscious way before and that only now that they were being asked to verbalise it, did they realise that this was the case. Becker (1999) suggests that stories tend to have a beginning, a middle and an end but that the end is not usually recognised in every day talk. However, when the story is presented to another person, people will generally tend to resolve the story they are telling. In essence, he suggests, narratives (stories) involve the ordering of events in some meaningful whole. In listening to my participants' stories I often saw and heard them doing this. For example, they would sometimes say they had not previously thought about the nature of truth before, however, as they then began to tell me how they acted in their teaching, they would suddenly come to a realisation that in fact they had got a fairly strong notion of it, even if it was the recognition that they did not think it existed in a single entity but as multiple truths. As each of these realisations were so personal, again, I did not want to lose this personalisation in the presentation of the findings.

As mentioned above, I also wanted to preserve the participant's identity within the presentation of findings. This was because I saw that what each person was telling me

was more than just their thoughts on the nature of truth but was also about them as a person and how their identity impacted on their understanding. Ricoeur (1988) observes that we don't only bring our identity to a narrative but that our identities are also constructed narratively through the stories we tell, that self is brought into being through the stories we construct. During my interviews with my participants, I believe I was privileged to see this happening and again I did not want to lose this. I felt privileged not only that the participant was able to share this identity construction with me but also because I think I was an influence which enabled them to do this. To me, this was a contribution to knowledge I had not originally identified, almost a knowledge in the making which I was playing a part in. So in presenting my findings, I did not want to lose this.

4.3. Findings for each participant (participants' lived experiences)

Participant 1

P1 is a medical sociologist employed by a university which was established in the 1960's. She was employed to teach research to students in the fields of nursing, physiotherapy and occupational therapy in order to enable the students in these fields to understand the importance of evidence and research in their practice. She thinks it is important to 'facilitate' students to access research and learn to interpret it in a relevant way for their practice. Initially P1 taught at postgraduate levels to post-registered practitioners but in more recent years she has been teaching at Masters Level to pre-registered students as the university had developed a master's level course for students already holding a first degree, enabling them to become a practitioner in the fields of nursing, physiotherapy and occupational therapy.

The Concept of Truth as understood within the individual lecturer's experience

This participant views truth in relation to her experience around research, both doing it and teaching it:

I teach research methods to health care workers and people always make the distinction between quantitative and qualitative and go on about how quantitative is so much more scientific as if it really can get some objective

truth but I have always struggled actually with the notion of being able to get to the truth.

Whilst she struggles with the notion of being able to get to the truth, she does see that there can be several truths and research can only get to one of them: 'People see a number in quantitative research and think they have got to the truth, whereas I think they have only got to *a* truth'.

She talks about the framework that she teaches to students as a way of seeing things rather than the truth and believes that her sociological background helps her see truth as relative. When she teaches with a colleague who likes to use a multiple choice quiz she struggles with this because she can't see the truth that she thinks the boxes are asking for:

I share one module I teach with a colleague who likes to include a multiple choice quiz for the students, I struggle with this because I don't have an idea of the truth which is what the boxes appear to be asking for.

Again she sees frameworks rather than truths as more useful to work with when teaching students. However, she recognises that students will present their truths to her but she cannot always see their truth:

And if the truth that they are seeing [the student] is just way off beam, which sometimes it is and I just think where are they coming from, then I have to say to them that I don't see their truth.

P1 also talks about how she picks up on the word truth if her students use it and explains she is only trying to help them understand things, not teach them the truth:

It is more about ways of seeing, ways of describing, ways of understanding than truth.

I think we might use the word truth more in expressions like, "the truth of the matter is" but again it is more about ways of seeing.

However, she does acknowledge that sometimes she uses the word truth but usually in the negative: 'I will sometimes say that's not the truth but it is about the way that knowledge is perceived'.

She feels her own personal slant on truth has religious connotations and she admits she is not religious and this may have an influence on her own personal notion of truth:

I don't buy this notion of the truth, the one and only truth sort of thing, it seems to have something to do with religion, God I suppose, most religions have one truth but I think it is only one way of seeing things.

My understanding of truth comes from not having the idea of there being only one God and one universe and all the rest of it.

Truth in relation to the classroom, process of learning and teaching, knowledge and epistemology

P1 explained that one of the reasons the university wanted to appoint her was that they felt research was so fundamental to clinical training and she went on to explain that the university offered a face-to-face research methods module for Master's students and one for undergraduate students. She also teaches on a distance learning and an online learning module but essentially they all cover similar types of ground, which is the basics of health services research. With regards to the notion of truth in relation to the classroom and process of learning in the distance and on-line module she feels that the best way to elicit it is through critical thinking: 'I think critical thinking is the absolute key to learning in an enquiring way'.

She discusses truth as a notion of right or wrong and thinks that it is the weaker students who need to work with a notion of what's right and wrong.

P1 acknowledged that she does work with some truths in relation to her research teaching: 'I obviously do work with some truths but I think it's more that sort of framework you learn about from research'

Her research is qualitative and she feels it has produced a body of knowledge rather than the truth, so she is comfortable to work with this body of knowledge.

During her teaching she mentions that she tries to be more of a facilitator and not lead the discussion too much, meaning she does not believe she is the truth bearer, however she does pick people up if they are saying something that she doesn't understand rather than what is right or wrong. She sees her role as being one of helping people understand

what they need to do to pass something and then achieve a standard. If the standard is not achieved she feels able to point this out:

It wasn't written in an academic enough way and it wasn't clear so I said, "Look you need to do a complete rethink, stick on the same topic but you can't look at it in the way you're looking at it at the moment".

With regards to teaching the truth, P1 reflected that she is more likely to give 'grey' answers rather than the black and white truth that the learners want: 'If you say it's a bit grey, they don't thank you for it. Although having said that it is the message I am giving'.

She feels that teaching theories is acceptable although these are not necessarily the truth, only theories: 'On the whole I don't mind teaching theories and I suppose if I have to teach a theory that I politically disagree with, then I am quite happy to say so'.

She also explains that she doesn't often use the word truth when teaching but is more likely to talk about beliefs:

I don't often use the word truth and if my students do I tend to pick them up on it. If I do use it I put it into inverted commas, the other word I use is belief but that's not the same as truth is it?

She does discuss when the word truth might be used and how this impacts on the students and the difficulties they may have in understanding the context in which the word truth is being used:

I think we might use it more in expressions such as 'the truth of the matter is' ... and the students don't then get the hoops you are putting them through, they tend to go round them or knock them over.

Whilst P1 talked about how she does not think the truth is something that is attainable, she does believe that each body of knowledge has its own truth or internal consistency, or way of understanding thus leading to a form of internal truth. However, she qualifies this with the thought that it is a requirement to be able to critically appraise a paper, relating back to her thoughts that her own truths are within the dimensions of her research orientation and that her role is to facilitate students to acquire this skill:

But in order to understand the different ways of seeing it you need to get to understand how to critically appraise a paper and to understand the terminology that different people use in order to construct the truth.

The construction of truth in this instance appears to be related to the social practices and norms of particular disciplinary communities such as nursing, physiotherapy and occupational therapy.

Truth and knowledge in relation to health and social care and professional identity

P1 is a medical sociologist and does not see herself as having an identification with a specific professional identity but feels she has an overall understanding of the differing health disciplines she teaches. She says this has developed over the years she has been teaching because in order to make her teaching relevant she has had to discover the identities of the disciplines so that she can relate to her individual students' professional identities. For many years she has been teaching health and social care students who are learning their own professional identity which she appreciates and recognises:

I think in each discipline there is a sort of truth, it sets things out in the way that it sees and I like to think I teach the students to understand this framework.

She acknowledges that each discipline may believe that their body of knowledge is their truth:

So that's more the truth that I work with and I think most disciplines do that too, they build up a body of knowledge, which I suppose does have truths in there but truths for that body of knowledge.

Truth in relation to the impact on the student

P1 talked earlier about how she sees her role as being a 'facilitator' encouraging students to be critical thinkers and to be sceptical and questioning rather than accept everything as the truth. She discusses how her focus is often on the student's understanding of truth and rather than totally disillusioning the student by not agreeing

with it, she focussed on getting it to the right academic standard. For example, she had a student who wanted to do a project on a topic she was both unfamiliar with and sceptical about but she did not discount it just because it wasn't her truth:

I remember I had a student who was wanting to do some research on love and spirituality and I could see there was something there but it wasn't written in an academic enough way and it wasn't clear so I said, look you need to do a complete rethink, stick on the same topic but you can't look at it in the way you're looking at it at the moment.

However, she also acknowledged that sometimes her focus on the student's truth surprises and pleases her: 'Students often come back with something really sharp. I sit there thinking I wish I could have thought of that'.

She concludes by saying that while she does try to encourage students in exploring their own truths, she does also tell them when she thinks they are going off track:

So I do try and encourage people to be quite independent thinkers and learners and to have the courage of their convictions. But if they are going off on the wrong tangent then I will tell them.

She implies that she thinks this is important so that the student can shape their own truth into a more disciplinary appropriate form.

Truth in relation to Authenticity

As mentioned earlier, P1 does recognise both her own and the students' authenticity in relation to truth by accepting that there is more than one way of understanding things and that there are truths as opposed to the truth: 'But how would I react if they had a different truth...I mean sometimes I would just agree to differ ...'

In talking about her own authenticity as a teacher she acknowledges this could be difficult for the student because she is not always as black and white as they would like:

In relation to being an authentic teacher, I think that's what I do. Sometimes the students might find it a bit frustrating that I'm maybe not clear enough about what they mean, why did they say that.

P1 also mentions the authenticity of theory as well as of herself and the student, which was interesting to me as I had not thought about the authenticity of theory when considering this theme: 'And most theories that reach a point where they need to be taught have some sort of internal validity of authenticity or something and do sort of make sense'.

Authenticity of theory in this sense implies that in order to be relevant to a discipline and have a disciplinary acceptance, it needs to adhere to what is seen as valid within the discipline in question.

Participant 2

P2 is a physiotherapist employed by a university which was founded in the 1960's. She is employed to teach some physiotherapy but is also the course leader on a medical and clinical education course at Masters Level and teaches modules related to learning and assessment. The students on the course are qualified practitioners from a variety of health and social care backgrounds, such as: nurses, physiotherapists, occupational therapists and doctors. The students on the course are responsible for supporting, mentoring and assessing pre-qualified students in the practice area and once they have completed the Masters course can become accredited with their professional bodies as qualified clinical teachers.

The Concept of Truth as understood within the individual lecturer's experience

It was evident that P2 was more comfortable with the concept of uncertainty and this impacted on her relationship with students in that she feels the concept of uncertainty was more honest:

So in a way, I am always trying to get my students comfortable with the concept of uncertainty. In a way, I think the truth is sort of wound up in that because I don't think honestly we can be certain about the truth.

I try to say to them they need to get comfortable with the concept of uncertainty as much of what we teach them is best guessed truth rather than empirically based truth.

She talks about her own belief that truth is bound up with certainty and she does not feel she could be absolutely certain about things, even neurology which she teaches and is said to be a purely factual physiology. She feels that physiotherapists hide behind this just to please patients:

I suppose to me that there is not much that we can really know is true.

Patients love to have a diagnostic label because it makes them feel good but it's not necessarily the truth because it can't possibly be.

She concludes that she has thought about the concept of truth but only in relation to certainty and thinks she would not use the word truth except she then realises that rather than truth there can be a consensus of belief:

I suppose I would never use the word (truth). I suppose it's about what is the truth and is it true or not?

I suppose taking on board I probably hadn't attached the word truth to it, I think there is a consensus sort of belief in a way.

She also believes that because society can now get information so freely it is difficult to know what is true and what isn't:

Actually I think the older I get it's more difficult to say with confidence what is or isn't the truth because of the fact we have had this explosion of information.

Within her own academic sphere she also feels there is no certainty of truth and she actually feels that the more academic one becomes the more blurry the truth is: 'My opinion is that there is still so much we don't know and don't understand and so we can't say it is absolutely true'.

P2 is also keen to highlight that truth is a very individual thing and what one may not think is true may be true to another individual.

You bring your individual experience to something and that will influence how you think about the truth.

Individuals bring something that is completely unique and that is always going to influence what is, or isn't true to them.

She concludes that she doesn't think she has really thought in terms of truth before: 'I don't think I have ever thought about the truth as the truth but I think I probably have just never called it that'.

By this P2 meant that she may well have thought about what the truth meant but that she doesn't call it the truth.

Again this was interesting for me to see how talking about the nature of truth was allowing reflection about it and in some cases a realisation that it was indeed a presence within the participant's world but maybe they had called it something else or thought about it in veiled terms.

Truth in relation to the classroom, process of learning and teaching, knowledge and epistemology

P2 is clear that she finds the concept of truth difficult to countenance and thinks that the notion of uncertainty is a more useful one when teaching students so that they can develop their critical thinking skills: 'I like students to be able to cope with uncertainty and I think you have to be critical in your thinking'

She talks about one student in particular who has failed an assignment and in her feedback she explained that some of what had been written had been wrong, in terms of right or wrong in relation to accurate factual terms rather than in terms of being true or untrue.

P2 also discusses how the notion of truth is an irritating one that is wildly over exaggerated. When she is teaching learning styles on the clinical and medical education course she finds students would get stuck in their thinking about the learning styles as though they were the ultimate truth:

I suppose one of the ways I get irritated by notions of truth is in relation to learning styles, people trot out we must respond to students' learning styles and I don't even know that there is enough evidence to support the idea of learning styles.

I get irritated by these truths, for example, in learning styles, there isn't any point in pandering to the idea that there is only one way to learn as it may not be possible in a different context.

Learning styles seem to be a truth that some people think exists and I don't think exists. It's trying to get them to actually think, why do you think it exists?

She feels this was vindicated when a student quoted a theorist from twenty years ago who had now changed their own theory on learning styles.

In relation to truth and theories she discusses the notion of an evidence base and talks about how nurses are better at paying attention to evidence than doctors are. This she thinks is possibly down to doctors thinking fact is truth but nurses have been taught that all fact or evidence is questionable. She believes that there is not much that can be known to be true and she encourages students to see that is difficult to say anything is absolutely true.

Within her own professional domain of physiotherapy, she encourages her students to determine what they know because it is easier to discover what you don't know:

We do a lot of vivas in physiotherapy and I always say it is really easy to find out what you don't know. My challenge is to find out what you do know.

In helping her students to realise what they know, there can then be a valuable discussion about the truth or certainty of what they know, a discussion which can allow them to ascertain what they don't know so that they can be encouraged to explore more.

Truth and knowledge in relation to health and social care and professional identity

It was clear that P2 wanted practitioners in physiotherapy to accept that there can be no absolute truth because she is concerned they are basing their absolute truth on assumptions rather than firm evidence. She thinks this leads to them believing there is an absolute truth, rather than thinking things through and seeing alternatives:

I want students to think and I am worried about the ones who are practitioners who are incredibly confident and absolute about what they say because I don't think there is an absolute truth.

I often teach nurses alongside doctors and the nurses start by being intimidated by the doctors, but you see it dawning on the nurses that doctors aren't always that clever, just confident in their discipline knowledge.

She is very keen for students to gain a perspective on truths rather than decide on an absolute truth, so that they can acknowledge the patient's own truth may differ to their own:

I think truth is a kind of individual thing and I try to get the students in my profession to understand this and as professionals we need to do a lot of subjective assessment to try and influence their subsequent objective assessment in order to decide on the intervention and this is so that as professionals we can acknowledge that what the patients tells us is true to them.

This she believes allows the student to work in collaboration with the patient which is something she thinks should be strived for in physiotherapy practice:

One of the things they really tussle with is that you're meant to use evidence based intervention but you're also meant to do a collaborative approach with your patient.

This dilemma, she believes then allows for the acknowledgement of individuals' concepts of truth.

So it's not that what you are doing is inadequate, you're sort in the situation where individuals bring something which is completely unique and that is always going to influence which is or isn't the sort of truth for them.

Truth in relation to the impact on the student

Like P1, P2 also talks about the concept of uncertainty and the impact it has on students:

In a way I think truth is sort of wound up in that (the concept of uncertainty) although I think the students would rather I said this is X, Y and Z and this is what you do about it.

I suppose it's about what is the truth, is it true or not. With students they are trying to grapple with things that they haven't often seen.

She worries that if they begin to think in terms of truth they will become blinkered and whilst this might be easier for them she wants to stop them doing this: 'I suppose if they start thinking that it is (the truth), then I think they're probably going down a very narrow blinkered road. It would make life easier though'.

More useful, to her mind, is getting the student to adopt the notion of uncertainty. She hopes to help them cope with this rather than be told what the truth is:

I like students to be able to cope with uncertainty.

In my experience students like to sit in a room and be talked at on occasions, (rather than working out their own beliefs and truths).

Students don't want to hear that nothing is absolute. As I get older, however, I think it is more difficult to say anything is the absolute truth.

When she teaches nurses, she finds that many have been taught about Benner's (1982) 'novice to expert' theory, as a guide to what they are doing in travelling the road from student to practitioner. However, she feels this is an unrealistic expectation and she has to help them deal with this difficult journey:

With regards to Benner, novice to expert, I'll often say to students have you actually read her work on how to get to be expert, you're lucky to get your students when they qualify to more than advanced beginners.

However, she also thinks that the impact of telling students that nothing is absolute is too much for them at times, even though she does not believe there is an absolute truth, so she uses a video that shows the difference between didactic teaching and student-led learning to soften the impact:

I show the students a video of a trial of students who are talked at and those who have looked up information themselves and it shows them that those students who self-directed seem to show a higher level of skill for longer.

She feels this reassures the more anxious students that actually there is no absolute truth but that individual truth has to be discovered by the learners themselves.

Truth in relation to Authenticity

With regards to authenticity, P2 implicitly acknowledges it each time she talks about things being true to individuals themselves:

I think sometimes people don't understand that or don't acknowledge it because even if you think that it can't actually be true, it is true to that individual who is telling you it.

This truth that is true to the individual she suggests is a personal truth, which if adhered to, elicits authenticity because the student is able to stay true to her or his own belief.

Although she does not always have the same ideas or theoretical belief as the student she is happy to acknowledge that they are entitled to their own beliefs: 'But it is also respecting that the student can be authentic to themselves as well'.

Bringing your own experience to a situation she concludes will always impact on the truth that one understands: 'You bring your individual experience to something and that will always influence the way you feel about the truth'.

Participant 3

P3 is a social worker employed by a post 92 university to teach social work students. He is the course leader and teaches both pre-qualified social work and some postgraduate continuing professional development (CPD). He has been a practising social worker and still maintains his own professional development in order to, in his mind, remain credible.

The Concept of Truth as understood within the individual lecturer's experience

In defining his own conception of truth, P3 suggests:

Truth is an interesting concept, I mean I suppose it is almost a non-academic concept, people would normally talk about evidence or something that actually has some sort of scientific proof or something of that ilk.

He goes on to say that often personal truths get changed by what the law says is true. References to the law are frequent from this participant because his work as a social worker is so influenced by it. He is concerned by the idea of truth being absolute and other people thinking his version of the truth is the correct one:

I wouldn't want to tell people that's not true because that implies that I know what the truth is. I might know whether something is accurate or not, whether something is factually accurate.

As long as people have got a reasoned argument I don't think it's fair of me to say that's not right or true.

When musing about what could possibly be the truth, he wonders if maybe facts or evidence could be linked: 'So the truth is when we can prove something like a child's centile growth was not affected when it was placed with these foster parents'.

In his mind a centile chart is a factual demonstration of a child's growth and can tell if a child is or is not growing as they should for their age.

However, even facts, thought to be the truth can be disproved and he talks about doing role play in class to show students how there can be alternative truths. This is important because at some time they will have to go into court where alternative truths may be presented and the students will find that their truth may be replaced by a new one: 'We often replace one truth with another one'.

Insightfully, I thought, he reflects on how other people's truth may not fit with yours causing a battle which results in deceit: 'People tell you their truth and then there is a battle because it does not fit with your truth, most of the time truth is designed to deceive you'.

This was more in relation to his experiences with the law, going into court where a barrister could prevent a new and feasible truth, leading to a power struggle and at times what he saw as deceit.

Truth in relation to the classroom, process of learning and teaching, knowledge and epistemology

P3 discusses his difficulty with the idea of an absolute truth within his teaching and is more aligned with ideas about interpretation and conjecture. He regularly talked about teaching the law to the social work students but wants them to see it is also about interpretation of the law and conjecture. He feels it is important that social workers acknowledge this because much of their work with people involves being bound by guidelines laid down in law.

When talking about marking assignments he is concerned that a marker might write 'not true' in the feedback:

I would be worried about a marker writing not true on a script because I would think they are projecting to you a notion of certainty, but I think that is precisely opposite of what academic enquiry should be.

He explains that at his university they have a marking proforma which encourages markers to identify good points before going on to say how the student can improve. He doesn't see it as helpful to judge what is not right or not true: 'I think if students have got a reasoned argument I don't think it's fair of me to say that's not right or not true'

He surmises that on QAA visits it would be interesting to see them come into class to check that lecturers were not 'peddling untruths' to their students. Whilst said with an air of humour, he continues to explain that it can be very difficult to be absolutely definite about what is true and not true and that even a quality assurance agency such as the QAA would surely find this difficult. However, he feels that it is more important that students are able to distinguish which theories will help them in their practice:

I say to my students, one day you are going to be social workers and be in places others would not want to be. You are going to be questioned about parents' attachments with their children. And you will have to ask yourself if attachment theory is a universal truth.

Along with QAA checks he humorously pondered if the university should be checking what he is saying in class and how relevant this would be politically: '... and does the

university need to monitor what I am saying, that I am not saying non-truths that are inflammatory and possibly dangerous’.

He is keen for students to see that things can change over the years including theories and their own opinions:

So we have replaced one truth with another. Now what I say to students is that in 30 years’ time people will look back on what we do now and say that’s crazy.

He suggests that students often say that they can only accept something is true if it makes sense to them: ‘I often tell students what is statistically true and they say well I can’t believe you because it doesn’t make sense’.

Struggling students, in his mind, often only want to know what they need to do to pass, truth is then irrelevant, unlike students who want to look for their own truths just because they are interested:

I was introduced to the work on Threshold Concepts, it’s when the struggling student keeps saying what do I need to do in order to pass this but the student who gets beyond the threshold doesn’t ask because they want to study the subject for its own interest.

Truth and knowledge in relation to health and social care and professional identity

P3 is very keyed into the dilemmas his social work students are going to encounter once practising and how these dilemmas are related to individuals’ versions of the truth. As mentioned, he is concerned that they are able to go into court to present their version of the truth which will best protect the client they are working with. He is most concerned with the accuracy of the truth, based on factual evidence and that they are capable of giving a reasoned argument:

What I say to the students is, look you know, you are going to end up as qualified social workers being in that place that no one ever wants to be where you are actually going to have to say, these parents are unsuitable to manage these particular children therefore I am going to have to go into court and say this.

So what I say to my students is, you've now got to think in the terms of the barrister's mind, how are they going to discredit that decision, you are now presenting that decision as truth so what is he or she likely to come back with.

Now people are also going to ask you about the relationship between the children and the parents and then we're into attachment theory. And attachment theory is a universal truth?

In relation to truth and professional identity in social work he talks about teaching his students 'practice wisdom' which he suggests is complex but is 'sort of there with the truth' – this 'practice wisdom' being a shared set of beliefs and knowledge systems within social work which is the basis for their identity and role. He goes on to observe that there is an associated identity that the students take on which is linked to truth:

So you take on some identity that's associated with the subject and you live it and you kind of like want more of it and you go beyond what is required and these threshold concepts are different ways of seeing things and you think differently.

This suggests a qualitative change in the students' way of thinking, distinct epistemological development.

Truth in relation to the impact on the student

P3 talks about the moral issue that occur when lecturers present alternative truths in order to get students to start thinking critically: 'I think there is a moral issue here, that students know that lecturers are not trying to be inflammatory'.

One theory which he mentions several times is attachment theory, which underpins much of a social worker's practice with children and is used in court when suggesting children need to be removed from birth parents:

And is attachment theory a universal truth? Most of my students believe this is an interesting discussion, that it is a litmus test to decide on if it is the truth.

He sees this as being the test for social workers' identity in relation to the truth, in that their ability to understand and apply attachment theory defines their aptitude for being a social worker.

Truth in relation to Authenticity

P3 talks about the law again in relation to the difficulty the student may have in retaining their own authentic beliefs about their truth: ‘And along comes the law which makes them (the student) have to rethink something, so what they might have thought was the truth is no longer the truth’.

With regards to his own authenticity and integrity he talks about how he would be most upset if he moderated a colleague’s work which suggested the student’s work was ‘not true’: ‘I would be very concerned when moderating a module if I saw people marking students in an oppositional, patronising and elitist way’.

For him, in his academic role as teacher, he sees it as important that whilst remaining true to his own ways of seeing things, at the same time he should be able to acknowledge his students’ truths and ways of seeing things.

Participant 4

P4 is a dual qualified Mental Health Nurse and General Registered Nurse who has a first degree in psychology and has done clinical psychology training. He is employed by a university established in the 1960’s and teaches and leads a psychological interventions course. He also does some teaching on a Masters course in Learning and Teaching and in the past has taught Mental Health Nurse students. He is also a qualified Cognitive Behavioural Counsellor and works one day a week in a private counselling practice in order to maintain his professional accreditation.

Although P4 could only manage to spare a short time for his interview, I still wanted to include it as it provided some very thoughtful and insightful data for interpretation.

The Concept of Truth as understood within the individual lecturer’s experience

P4’s own definitions of truth are bound up with a belief that there are multiple ways of seeing things: ‘The whole concept of truth rests on a recognition that there are multiple ways of seeing things’.

He struggles with the thought that there can be only one truth and likes to play with ideas rather than assume one truth. With regards to his own definition he suggests:

I suppose my definition of truth would have to start with a recognition that it doesn't exist.

Truth is an ideal which we strive towards.

Again his personal definition appears to be linked to the theoretical ideas he has been taught and has read about: 'One of the definitions I might give for truth is that it is a theoretically sound idea'.

He concludes that his definition of truth is simply beliefs, strong beliefs, meaning that the truth had to be personally reasonable and acceptable to him.

Truth in relation to the classroom, process of learning and teaching, knowledge and epistemology

P4 is interested in acknowledging that there can be multiple truths and that when students are confident enough to share their truth, he feels it is his role to make it a useful experience for all the students, even if at times it makes his teaching more difficult. This can be because it is not what he had planned to cover in the teaching session or that in his opinion the student's truth is inaccurate:

It makes my teaching incredibly difficult for students sometimes because I will quite often go off track to incorporate a truth that isn't the one I set out to teach about.

Sometimes students give you an answer that you think there is no way I can make this useful or productive for the class, because it's wrong rather than not truth.

When he talks about the student's truth being wrong, he bases this on his perception of the facts rather than as a comparison to his own truth.

He appears student orientated and is keen to acknowledge their thoughts and ideas:

Most of the time if I stop to think about what the students are saying there is a truth in it.

I recognise there is a truth in what the students say because there is a reality in it for them.

Again, in relation to what he perceives as being true in his teaching, P4 is keen to assess the rightness or wrongness of it:

There are probably notions of right and wrong in my teaching. There are probably notions of orthodoxy in my teaching. I teach about things that as humans at the moment we believe to have a degree of truth attached to them or a degree of theoretical soundness.

He goes on to suggest his guidance in determining truth has been from theories which he has learnt from books or indeed have been taught to him:

I am guided by theories that I have been taught by other people throughout my life and those theories have been reinforced by books I have read and literature I have read that reinforces a set of ideas that are culturally sound.

P4 appears to rely on a theoretical underpinning to determine his own truth, using theory he has both read about and has been taught by others. It is interesting that he feels able to accept the theories that are culturally sound considering that cultures can be so different. It seems to me that what he means, is theories within the culture of cognitive behavioural therapy rather than within his own personal culture.

Truth and knowledge in relation to health and social care and professional identity

Again, multiple theories are important to P4 in relation to truth and professional identity:

As a mental health nurse there are multiple theories to explain things and the whole concept of truth therefore rests on a recognition that there are multiple truths really.

With regards to his students becoming aware of the truths related to their practice he wants them to be able to play with ideas so that they can appreciate their patients' individual needs: 'So I like people to play with ideas rather than assume there is one truth'.

This is similar to other participants in that P4 wants his students to develop an epistemological approach that allows them freedom to think about what theory resonates for them and can be acceptable as a truth personally to them.

Truth in relation to the impact on the student

The awareness P4 has of his students' ideas and truths sometimes makes it difficult for him in his teaching because his desire to focus on what a student has presented as their truth sometimes means that the impact on the other students can lead to confusion or a difficulty in following him: 'Sometimes it makes my teaching incredibly difficult for people because I will go off track to incorporate a truth that isn't the one I set out to teach'.

Within his recognition of multiple truths he realises that some times what is presented as a truth is not untruthful to other students but just wrong: 'So maybe it's not untruthful for them but it is totally wrong'.

P4 seems here to be suggesting that the interpretation by one student can go against what is a culturally accepted interpretation and that in this circumstance, while a student may believe their own interpretation, it is wrong. He also notes that it is important to discuss this individual interpretation so as not to confuse the other students who accept the culturally accepted interpretation; and that in pursuing this in class it makes it difficult because he does not cover the outcomes he set out to teach.

Truth in relation to Authenticity

In being authentic both to himself and his students, P4 suggests that theories can only be developed and understood to be true if they can be tested and applied: 'At present human understanding only allows us to develop theories which we can test and apply'.

Once he and his students are satisfied that they have tested out a theory for themselves and have recognised a truth in it, they can then apply it and thus are being authentic to themselves because they have gone through what he believes is a satisfactory process.

Participant 5

P5 is employed by a Russell Group University and has a background in teaching and health education. She is employed to teach on Masters level Health Education courses

as well as CPD health education courses and some Doctoral courses in science education disciplines. Her students are from nursing and health promotion and health visiting, qualified practitioners studying for a Masters or CPD.

The Concept of Truth as understood within the individual lecturer's experience

When talking about her own understanding of truth and how it developed, P5 demonstrates the influence of science:

I think I was brought up in a very traditional sort of normative paradigm where science was telling you the truth. And it was only latterly that I started looking at philosophy of science and thought that science is a partial truth.

She believes that through experience truth can be harnessed and gathered and concludes that she sees multiple truths as being important in her definition. She goes on to say that the truth is a phenomenon that is not the same for all people.

From a personal perspective she sees that there is an element of ethics and morality in truth:

I think one has to be ethical and moral and therefore in that sense truth comes through because it's about being honest and about the fact that you don't know everything.

Yes, I think it's about veracity, it's about verisimilitude, and it's about being as honest as you can be.

The theme of honesty she also relates to her role as teacher:

As long as I see one is being honest and the student is honest and says that this is the way they see it then it's about veracity rather than [stops to think] I suppose it's just another word for truth.

Well, it's about being as honest as one can. It's about sharing ... opening up the world of knowledge.

P5, in spite of her scientific background, thinks that facts can get in the way of truth: 'I think we can get hung up on the precision of the facts and miss the actual truth'.

She concludes that she would never steer someone into her way of thinking just because it was the truth for her: 'I wouldn't ever try to steer somebody into a way that I think is my view of the truth because it isn't their view of the truth'.

Truth in relation to the classroom, process of learning and teaching, knowledge and epistemology

It is interesting to see that P5 has both an influence from first her science background which is often more quantitatively based and from an education and health background which takes a more qualitative evidence base. These diverse influences are reflected in her discussion about the truth as she demonstrates her attempt to see from both perspectives:

So yes, it's about a questioning, about being able to say, well what is the nature of science? What is the nature of truth? And certainly if one looks at, as it were, the other side one won't see an epistemological ontological position, then there are multiple truths.

She discusses how she would like her students to develop their own ideas and believes she has a huge dilemma not to always present her own over-complicated ideas. She talks about how she has changed over the years in her teaching and has realised that knowledge/truth is not absolute and also that her students do not necessarily understand it the same way as her: 'When I first started to teach I had this kind of idea that I was going to go in and share this thing called knowledge that was actual and absolute'.

She then realised that she needs to facilitate the students to analyse critically in order to determine their own truth:

And then I read about critical analysis, an idea we might overuse ... I realised it was my job as a teacher to facilitate others to critically analyse and come up with their own truth.

She recognises that some of her students have come from cultures where they are not encouraged to think for themselves and so she has to help them develop this:

So it's by negotiation, it's about listening. It's about thinking what they have said and trying to develop their ideas.

She talks about how her teaching has a contextual element to it depending on the experience of the students and the lecture content:

It's an eclectic mix of things and it's sort of a bricoleur, bricolage of ideas.

There's a huge amount to be gained from a phenomenological approach and understanding people's subjective experience.

However, she realises that people see truth in different ways, some as an absolute empirical truth while others see a subjective truth. She is aware this is an important difference she wants to help students to see and would not make them see it her way.

Truth and knowledge in relation to health and social care and professional identity

Although P5 is a health educator, she concentrates more on pedagogy and pedagogical approaches in the interview and does not touch on professional identity or specific health and social care truth and knowledge.

Truth in relation to the impact on the student

P5 believes that the student focus in relation to the truth is to help them open their minds:

And I think that's the purpose of teaching, to being able to open people's minds and for some it is terrifying because what they want is the absolute truth ... tell me the answer, tell me the answer, this is what I want to know'.

It's also about ensuring that students understand their own position ... to develop themselves personally and intellectually.

She believes the focus in her teaching is to enable students to understand and interpret truths:

... and how they interpret events or how other people interpret these events are very, very valid and crucial, I think, to extending people's knowledge and understanding of the world.

Truth in relation to Authenticity

Again P5 is keen to point out she would not want anyone to be made to believe her truth if it isn't true to them, demonstrating a recognition of self and others' autonomy: 'Over the years I couldn't understand why other people didn't understand it in the way that I was understanding it and came back and challenged or questioned'. However, she goes on to say: 'I would never try to steer somebody into a way that I think is my view of the truth because it isn't their view of the truth'.

With regards to her students' autonomy, she believes it develops through their own narratives:

Simply the lived experience, the narratives people have to tell, the way they revisit these narratives over time, the way they interpret them.

But for that point in time as they are telling their narrative that's how it was for them, that is the truth.

Participant 6

P 6 is a mental health nurse who lectures in a Russell Group university. She was employed to teach pre-qualified mental health nurses and also CPD to post-qualified mental health nurses. She also supervises students studying for a PHD in mental health related topics and does qualitative research on mental health issues.

The Concept of Truth as understood within the individual lecturer's experience

P6's personal concepts of truth are linked to her being a mental health nurse and the experiences that occur in this role, often related to multiple realities:

Maybe because I am a mental health nurse and we have issues with the truth, the truth of what someone is telling us when they are ill. What's true and what's something that is happening in their head that's not terribly true.

The term reality holds more relevance for P6's own understanding of the idea of truth:

Well our own reality will be our truth, but then if we are talking about *the truth*, I'm not sure that I actually subscribe to that notion necessarily because I think *the truth* belongs to that paradigm that says there is one truth and if I ask

the right question I will find it. Whereas I guess what I tend to talk about are different ways of understanding reality and I wonder how many times I really mention the truth. Maybe I make the assumption that people make the link between if it's your reality it's your truth, actually. But I think I tend to think in terms of reality more than truth.

With regards to the paradigm identified in the preceding quotation, P6 thinks she cannot align to it because she cannot identify with there only being one truth.

I just don't know if I could ever identify *the truth* because it belongs to the wrong paradigm for me.

I guess if you go down the most likely and rational explanation for what confronts you then I think there is a notion of truth that we could probably all buy into, but it would be different all the time, if you get my meaning. There wouldn't be a single truth which was out there and discoverable but actually it would be contextual.

In the exploration of life P6 thinks that truth is the outcome of this exploration. Again, this truth is usually linked to realities, things she has done in life and experienced:

I think it comes back to how it is defined and if it is contextual and understood to be fluid and everything else then, it can be helpful, but probably I tend to go for reality more than truth, different realities rather than different truths.

Truth in relation to the classroom, process of learning and teaching, knowledge and epistemology

P6 often refers to her background as a mental health nurse and this seems to have influenced her definition of truth. For her, truth is linked in with the notion of multiple realities: 'As a mental health nurse I have a strong sense of multiple realities, maybe I didn't always when I was teaching think about them as truths'.

She talks about teaching students that the cause of mental health illness may not be known but they can use social or biological models to help them understand the likely causes. She explains the truth about the causes of mental health is that there are

multiple reasons for it which is akin to multiple realities, even though the clinical area often tries to present it as a single reality:

So truth is always quite vague and yet when you go out into the clinical world it's spoken about as though there is a single reality.

Once they go out into practice they seem to slip into the powerful medical model out there.

She qualifies the notion of multiple realities further by telling students that there are many different ways of understanding a reality, and she thinks she began to think this after doing her own PhD in which she also thought about the connection between multiple causes for mental health and multiple realities: 'When I was doing my PhD I did a lot of thinking about reality and truth and knowledge'.

She seems pleased that so far her students have not asked her which of the theories she is teaching is the truthful one. This is pleasing because she thinks this means they are thinking for themselves and analysing which ones work for them, thus creating their own truths. She encourages this open thinking when they ask what they should be focussing on:

I have had the what should we be focussing on question and I say, well as long as you draw on the evidence, you make an argument, your argument is coherent and sensible and I can make sense of it and how you have come to your conclusion, then that is ok.

However, what she does get anxious about is accidentally making the students think her reality is better than theirs: 'I think it freaks them because although I tell the students there are multiple realities, they worry I will privilege mine above theirs'.

With regards to her role as a teacher, she sees it as encouraging her students to take a critical stance, to look at all the options, think about them, read about them and then decide where they fit with their ideas.

Certainly when I do some of the work with them in the later years of the course, I'm trying to help them develop a critical stance.

Education should be encouraging people to work it out for themselves, to some extent, work out where they sit and that's how we develop critical thinkers rather than requiring people to buy into some dominant discourse that we have about particular topics.

I suppose how I would describe what I do when I am teaching is that I am encouraging engagement with possible truths, I suppose, maybe it is looking at possible ways of understanding.

She talks of how she thinks if she can get the process of teaching right then the truth will be identified which is the final desired outcome: 'So you go through a process of exploring a particular topic or concept and you talk about arriving at the truth, which is the outcome.'

In her mind the process of teaching is to get the students to engage with the learning so they can come to a conclusion which is their own truth: 'I suppose to some extent I am hoping people are going to arrive at their own understandings and their own truths'.

She accepts that there is a general body of knowledge that is acceptable, a dominant knowledge which students get stuck in, without working out which part within the boundary of this dominant knowledge is their acceptable truth. This dominant knowledge is also linked to truth:

It runs through everything we do because essentially education I suppose is about truth, isn't it, some kind of teaching on something which we all believe in.

Truth and knowledge in relation to health and social care and professional identity

As mentioned earlier, P6 appears to believe there are strong links between her understanding of truth and her own clinical background as a mental health nurse. When talking to students about understanding patient symptoms, she thinks it is more helpful that they should be looking for appropriate interventions rather than the truth of the diagnosis: 'I guess in teaching perhaps, because of my clinical background, that's where truth has come out'.

She goes on to talk about the physical evidence and clinical diagnoses, which sometimes makes the student think in terms of truth: 'I think they do think very much in terms of the truth because they have this physical evidence to say this is the truth'.

However, she believes this has to be a shared understanding of the truth so they can work together towards someone's wellbeing. She believes her professional identity is embedded in her teaching and wants to pass this on to students so they can become accepted in the profession:

There's something about our responsibility to help students, yes to develop their own truths but within the range that will be acceptable to others in the profession.

She concludes by saying that once students are qualified they can use their own truths to push these boundaries further.

Truth in relation to the impact on the student

In getting students to think critically and evolve their own truths, P6 thinks they will realise there are all kinds of knowledge or realities: 'And trying to get students to think about it as multiple realities'.

She believes that mental health nursing has less hierarchy than other nursing disciplines and thus the students' realities can be taken seriously too within the boundary of professional knowledge.

In my way of understanding the world, creates a different relationship with my students. In mental health nursing, there is very little hierarchy.

I will go in and chat with them and when I am teaching I attempt to do quite narrative teaching.

She thinks that by acting in this way students will get a better chance to engage with other professionals and patients in order to understand more about the complexities of mental health nursing. This will involve the students swapping ideas about multiple realities and truths to be able to deliver good care:

What I really want students to do is to be able to engage with people round about complexity and to understand it and be able to interact with other nurses, other professionals, carers, patients, in a way that is relaxed and that isn't hierarchical.

However, she doesn't lose sight of the need to focus on the students and their understanding so that they do not become bad or dangerous practitioners:

If students make a completely bizarre sort of understanding of something then yes, I would have to correct that because there are some that fall outside the limits of what is rational and reasonable.

Sometimes she thinks all the student needs is help to allow them to contextualise their understanding in order to elicit their own truth:

The contextualised nature of it might change their way of thinking, understanding the world in different ways, so that they can shift what their sense of truth is.

Because there's something about our sense of responsibility to help students, yes to develop their own truths but within the range that is acceptable.

Truth in relation to Authenticity

In relation to the student's authenticity, she believes that the same event can produce different realities for individual students because they have their own 'authentic' experience influencing their interpretation. This allows the student to become authentic because of the personalisation within the interpretation: 'So their versions of reality will vary, even though it's the same event and that's because our past experiences have biased our attitudes'.

Within her teaching she tries to steer students towards their own authenticity:

I would teach them you need to develop a position, so you need to look at the different options and work out the arguments and develop your own position within the many that can be taken.

So I suppose in one respect it is about enabling students to develop the ability to identify what is the truth, what's authentic, rather than saying there is a right way and that's it.

Again, she sees the role of education to be partly responsible for allowing students to become authentic learners and practitioners:

Education should be about encouraging people to work it out for themselves, to some extent, work out where they sit and that's how we develop critical thinkers rather than requiring people to buy into some dominant discourse that we have about particular topics.

Taking our understanding, knowledge and previous experience, we come up with a truth that is rational, the one that fits best into the situation and then that shapes what we do.

With regards to her own authenticity, she believes that her own scepticism about the truth and her own belief in multiple realities impacts on her teaching: 'I think it's actually part of, I would say part of who I am, which then makes me engage with a class in that way and understand what I do in that way'.

She thinks that although she talks and believes in multiple realities she can see the links between them and the truth and that this runs through all her teaching because of who she is:

It runs through everything we do because essentially education, I suppose, is about truth, some kind of teaching about something we believe in and until now I hadn't thought about how much that comes through in my teaching.

This appears to me to be suggesting that this participant believes that education is based on a truth and for her truth is about something she believes in.

Participant 7

P7 is a registered nurse in adult nursing and she was employed by a Russell Group university to teach pre-registration nursing students. Her specialism is dementia nursing and she also teaches on CPD programmes, teaching post qualified nurses how to care for patients with dementia.

The Concept of Truth as understood within the individual lecturer's experience

While P7 suggests that she doesn't have a definition of truth, she is subsequently able to outline how she sees truth from her own experience, often relating it to her own nursing practice:

I don't have a definition in mind. I suppose I use quite a lot of examples through practice and so I suppose from that point of view I think of truth in terms of making sure what the students hear from us here in the university is kind of practically useful and is true to the way it is on the wards.

I don't know if it is truth as such but I think that I am being more honest with them if I can give them real world examples as well.

From her own personal perspective she does not think there is one single truth:

I would certainly think for myself that there are a whole lot of different truths and I would probably shy away from the one single way of thinking about things.

Again, her own understanding of truth is tied up with honesty: 'I think in terms of truth, we speak quite a lot about being honest to people '.

With her own understanding of truth in mind, that there is no single truth, P7 explains that it is important to her in her teaching to show this to students: 'I think the truth for me is making them realise the world is not black or white, that there's no right or wrong answer'. This seems to me to relate to the students' epistemological development as discussed earlier.

This seems to reflect authenticity both for the lecturer as well as the student in the recognition that truth can be different for them both.

Truth in relation to the classroom, process of learning and teaching, knowledge and epistemology

P7 is conscious that she teaches a subject which may be a bit more closed to debates around the truth, however she does find that students will often ask which theories she teaches are the 'right' one which she correlates with the idea of truth:

I teach a very theoretical honours option on the nursing course, anatomy and physiology, the idea being that I taught very heavy duty theories in the first hour and then how that would play out in practice in the second hour. And inevitably it was always the second hour the students ask me which of these theories is right, the truth.

In relation to teaching about her specialism which is dementia, she sets the students a task which allows them to explore what they think is right and thus helps them develop their own sense of truth:

On another course I would ask them to prepare by reading a chapter in Goffman's *Asylums*, just parts of it would really challenge them and when they asked which of this is right, I would tell them they have to read all around this and then develop your own notion of what is right.

P7 is keen to point out to students that there are shades of grey and that there is not a black and white sense of truth:

I think for me it's about making them see that the world isn't black or white, that there's not a wrong or right answer and that the things that absolutely seem to be black and white, following discussion rarely turn out to be that way.

She continues by giving an example of an interaction with a student which allowed her to support the student through a move away from absolute thinking:

I was talking to a student about termination, she had refused to work on the gynae ward because of her belief that it is not right, and I found myself throwing in controversial examples of why it may not be that clear cut, such as what if the pregnancy was a result of rape, what if the patient knew that it was her own father's child? We discussed this for quite some time and I was able to support her through the process of stretching herself so that she could see that sometimes there are shades of grey, different truths.

This seems to show an acceptance that there is a development of knowledge and truth as a process for the student in their learning.

Truth and knowledge in relation to health and social care and professional identity

It is clear that the practice area and professional identity are important factors in her teaching and interactions with students:

I think of truth in terms of making sure that what the students hear from us here in the university is kind of practically useful and is true to the way it is on the wards.

I'll often have examples from practice and I suppose for me that's about making sure that it's real and that you are being honest with them.

Her ability to share her experience in practice is important to her. This she thinks makes her teaching more truthful: 'I explain to them what it might actually be like to look after someone in practice and therefore for me that makes it more truthful'.

P7 reflects back on when she was on the wards and that if she didn't carry out procedures in the way she had been taught then she felt she wasn't being true to the way she was taught. For this reason she tries to help students see that there can be several ways of doing things, so they don't get caught in the same trap that she has done at times:

But it is always through practical examples that I was able to have the debate [about what is wrong and right].

You do get things thrown in your way that you don't necessarily know how to respond to [in practice] and I think here the rule for me is to teach them how to think.

With regards to interactions with patients, P7 talks about how in nursing we are always being told to be honest with our patients. While she feels this is paramount, she admits that at times it isn't always the best thing for the patient to be brutally honest:

I've certainly felt in practice some times that the truth is unhelpful despite the fact that I would be the first one to say that I want somebody to be truthful to me about a diagnosis I had.

In debating this in class she has asked the students to think about the following:

Is it kinder not to tell [them their diagnosis] and we have a lot of debates around truth in that sense.

When you're sharing a diagnosis with somebody, it's not about a script, it's about being true to yourself and about doing it the way you would want to hear it yourself.

She concludes that sometimes in making these decisions you can only do so by being true to yourself:

And so you have to be true to yourself...and certainly as a nurse it can be different depending who I am talking to.

It's about being spontaneous but in being spontaneous you're being true to yourself.

Again, there is a link here with authenticity and the need to be authentic to oneself.

Truth in relation to the impact on the student

P7 recognises that her own concept of truth can have an impact on students especially when it makes them question their own truths. She sees her role here as helping students recognise that there can be more than one truth. She does this by getting them to read widely from a variety of theoretical backgrounds such as sociology, psychology and philosophy, then herself helps them to tease out the different arguments:

I suppose the end use of scenarios and playing devil's advocate is to get the students to see that there are a whole lot of different truths.

Trying to get them to see that there are different points of view and that there are different people making up the community and that this community could be seen in a whole lot of different ways.

She notes that students have a lot of science within their course and that she wants to enable them to see other perspectives to get them to think critically about things. She believes that the art of nursing is as important as the science of nursing and that by seeing both the student can make a more balanced analysis of the theory of nursing.

When considering the art of nursing, P7 thinks she can help students realise it's alright to have their own truth, to be true to themselves. She explains how this idea evolved once in a class discussion:

They (the students) were laughing about a character in *Casualty*, who is really horrible, apparently a nippy woman, and they were saying well it's alright being true to yourself but she's awful and if that's what you were being true to that would be awful. And I thought hmmm, maybe I need to temper my advice.

When I asked how this related to the art of nursing, she explained that she has been teaching the students that part of the art of nursing was about being true to themselves when talking to and caring for patients, however, they told her about the character in *Casualty* who wasn't being very nice to patients and they argued that maybe it isn't always a good idea if being true to yourself means being unpleasant and 'nippy' to patients. It is also interesting to note the elements of authenticity that are coming out in her teaching of the art of nursing, such as being true to self.

Truth in relation to Authenticity

P7, as we have seen earlier, is keen to encourage her students to think critically and in so doing become authentic learners. She finds this process a little frustrating at times:

One of my bugbears is that we have quite a lot of students who come highly qualified, they're very able students, there's no reason why they can't read and challenge themselves but they don't choose to do that.

However, in the main she thinks the students do come with some intellectually strong ideas which allows them to discover their own authenticity: 'We get quite capable, able students and some with quite strongly held beliefs as well as strong ideas on things'.

With regards to her own authenticity she feels her own social science background is a good grounding to develop authenticity because she is able to be reactive in a way that reflects her own self: 'I'm very much a social scientist and because most of my teaching is that way I find I am reactive to an extent'.

By being reactive, this participant is able to take on board the differing ideas within social science and acts in a way to accommodate the ideas within her own authentic self.

Again, it is clear to see how her own experience as a practitioner has impacted on her authenticity and her need to be true to herself:

And so you have to be true to yourself when talking to patients, because you will do it differently on different days depending to which patient you are talking to and so I was saying to the students “you don’t need to learn the story you feel you need to tell, but be true to yourself”.

Participant 8

P8 is a pharmacist and was employed by a post 92 university to teach both pharmacology students and nursing students. She teaches the nursing students from all branches which includes adult nursing, children’s nursing, learning disabled and mental health nursing.

The Concept of Truth as understood within the individual lecturer’s experience

P 8 describes her own understanding of truth as a mixture of truth and honesty:

I guess I don’t think of truth as a certainty, that there is one defined truth. I see truth as an honesty that is a way of communicating that we don’t know for certain and that there are different opinions out there that might even contradict each other. I think it’s important that students grasp that I don’t see truth as a single fact, I think to my mind it’s being honest with students, that I want to communicate, almost to create truth in honesty.

There is also an element of being authentic here by using her own honesty, an important attribute to this participant, to create truth, albeit an uncertain one.

For her, the concept of truth needs to be challenged and she sees this as part of her role. She thinks this is also the case in her specific subject area:

I think each subject needs to challenge its own truths so I quite enjoy challenging truth with students.

Some people might say to me well that's the truth in your subject area but it isn't, it is dynamic and that dynamism is exciting, is worth talking about as well.

She explains that this need to challenge stemmed from her own undergraduate days, when she would talk to other students and lecturers about what they thought so that she could test out her own truths: 'I know as an undergraduate myself, I needed people to go to and check out if I had got it right, checking out truth'.

Truth in relation to the classroom, process of learning and teaching, knowledge and epistemology

P8 talked about how she has thought about the truth in relation to her students coming from school who she said had experienced a more 'didactic approach' to teaching which had instilled a sense of truth in them:

I have thought about the truth because I think when you get students who are coming to you directly from school, it's one of the things that you must almost shatter, is that what they have learned is the definitive truth.

Because she does not think that the concept of truth is about certainty, she thinks it is her role as teacher to encourage students to take a new perspective on their ideas and readings:

I don't see truth as certainty, I see truth as an honesty that is a way of communicating that we don't know this for certain, there are different opinions out there, that different authors and different books will present a different perspective or even appear to contradict each other.

She wants to encourage her students to question things and look for alternative explanations:

I think that, I hope they [students] will question things that they will look for alternative explanations rather than go just for the certain one that answers the problem.

P 8 recognises though, that in her subject area which is quite fact based, that students want to know which theories and facts are the right ones:

I think in my subject area, they do that quite a lot, [ask which fact/theory is the right one], because if you have a truth then it becomes easier to measure things against and it becomes much more logical to work through.

To overcome this, she gives the students a scenario to read and gets them to give several explanations for it, just to show them that there can be more than one truth:

I quite like students to read something and suggest four or five reasons why something has occurred, four or five explanations for something with reasons for their choice. I think it takes the more confident student to deal with more than one interpretation.

As she suggests, it is the more confident student that deals with this exercise well, however the implication is that the less confident students are given the opportunity to grow in their way of thinking, perhaps becoming more confident.

P 8's students spend about half their time out on placement and are keen to bring back to the classroom what they have learnt there. She sees this as a good time to dispel some of the 'truths' they have learnt out in placement, which she believes are no more than practices that have always been done without question:

So the students are willing to almost take the truth or knowledge from here [practice] and put it into the setting because the person in practice has said they have always done it this way and it won't change.

I think it is my role to challenge the notion of truth and you hope that higher education reinforces this.

She often does this with the use of group work because she finds the students are more likely to question each other about their personal truths:

I think that group work is a good thing. I think it's really helpful and I know even for me, when you get a group of students working together they become different students, they are able to engage better and question the truths.

Truth and knowledge in relation to health and social care and professional identity

While P8 recognises the positive impact of having a professional identity, she is also able to see that it can prevent students thinking for themselves:

Yes, I think professional identity is a good and bad thing, if their education is heavily involved in professional identity it can have a positive effect. ... But I think it can have a negative impact because I have heard students talking about what is not their role and that they would just call a doctor and this isn't what we are teaching them, [we are teaching them to think].

P8 is thus discussing the need for the student to explore their knowledge in relation to their chosen profession. She believes if they are taught too much to develop a professional identity, they may approach their clinical practice with pre-conceived ideas about what they will and won't do instead of approaching it with an open mind which enables them to think critically about how they can approach each individual patient and task related to them.

Truth in relation to the impact on the student

P8 also talks about the difference in teaching styles with students who have different cultural backgrounds, and how international students are more likely to see what they are taught as the truth, rather than something to be questioned and discussed:

I find with international students that they are quite surprised at how they are assessed, that where there is an exam, the exam is not asking them to recall factual information, it's asking them to apply it or to think about it or to give reasons for and I think that's a good first stage in the students' development.

She also thinks her role is to support the student's ability to deal with the impact that the notion of multiple truths may have on them. She does this by encouraging them to question and critically appraise their theoretical reading:

I think some of them [students] you can give freedom to go down the road and then you see them going so far and there is a light bulb moment or they just

suddenly change, but they still stay ok, their face explains to you they are still happy.

The more confident students are really better at critiquing research, it doesn't upset them to do so, to handle more than one argument at the same time. ... Others you can see that by going off they've suddenly got worried and they're a bit frightened and then I think you jump in and you do bring them back and you say let's come back to where you are ok and start again.

She goes on to discuss the differences between high achieving students and students who are not doing so well in their search for truths:

I think the weaker student will move with the situation that they're in and will respond to that situation and go with it.

I think it takes the good, high achieving student to really appreciate the different factors and decide what is best for them.

She also considers her engagement with students is important when discussing the many truths which could be read into the theory she teaches:

I would say it can be great fun to run with a high achieving student in an argument or a discussion, but you've got to be concerned for those at the other end who are beginning to go slightly white.

I think students vary in how well they will engage with you as you try and challenge things with them.

P8 uses a lovely analogy to describe how she sees her interaction with, and impact on, the students:

I really do like the idea of students always buzzing round you, almost like a hive, students buzz in and out and by checking things with you, by going over things, that they've got more confidence to go away and find out new information about a topic. ... They actually do need to come in and out. You don't want them sitting in the hive all the time because that's not good for you or them.

Her conclusion is that by enabling students to go in and out of the hive and test the knowledge they are encountering they can ascertain their own truths:

They're adjusting it [knowledge] and they're creating, they're shaping it based on several things.

There's a group in the hive, not just the central queen bee and the group changes.

Finally, P8 acknowledges that specific subjects have their own truths and that these truths need to be challenged too: 'I think that each subject has to challenge its own truths so I quite enjoy challenging truth with students'.

Truth in relation to Authenticity

P8 believes that by challenging students on what they think and believe to be true they can be helped to become more authentic by deciding on truth based on an informed decision:

I think that students do feel quite threatened, that something they held to be certain and true is now open for debate or discussion and I think that's just part of opening up their minds.

I guess what you are aiming for is the student who can think for themselves, who recognises that these things are not quite aligned and that there are differences of opinion out there.

They want clarity and it's destabilising not to have that. I think confidence and ability help them to cope with that.

With regards to her own authenticity, she finds that students help her stay on track by challenging her: 'The high flying student will be coming back and challenging you and you've got to be on your toes'.

She concludes that sometimes her colleagues also see her subject as being aligned with the truth but that helps her question it more so that she can be sure of her authentic self: 'I think sometimes my colleagues align me with the truth because of my subject area but I don't'.

Participant 9

P9 is a registered nurse in the field of adult nursing and was employed by a post 92 university to teach on the pre-qualified nursing programme. Her specialism is in adult acute care, in particular her work had been in a high dependency unit for critically ill patients. She also teaches on a post registered programme in this specialism.

The Concept of Truth as understood within the individual lecturer's experience

In her own thoughts about the nature of truth, P9 acknowledges honesty as being part of it especially in relation to the attributes of a nurse: 'I think we talk about truth and honesty and good character from the word go'.

She mentions that she has thought about the concept of truth recently, in relation again to nursing:

Well I did wonder this morning about the truth about nursing because I am involved tomorrow in a school leavers day. I was wondering myself what to tell them because what is the truth about nursing?

Much of her own individual experience of the understanding of truth is tied in with her own professional experience and what her understanding of what the essence of nursing is.

Truth in relation to the classroom, process of learning and teaching, knowledge and epistemology

P9 talks about the curriculum she teaches as being underpinned with inquiry based learning and thus it encourages students on a journey of interpretation rather than teaching them one truth:

Our curriculum focusses on the journey towards student interpretation, working it out for themselves.

We use group work to talk about things like do not resuscitate. We discuss the idea of just because we can [resuscitate] does this mean we should.

She explains that within the teaching team there is a cohesive and philosophical approach to teaching the pre-registration students and that she herself uses her own

clinical experiences to illustrate her teaching to students. By using a process of reflection she can demonstrate that things change and that we are not stuck in one truth:

That's part of our revisionist nature of health. We constantly move with the best evidence we know.

I try to help the students unpick that delicate area of what is best for the patient.

Again, she talks about the gaps that exist between the theoretical truths and the practice area truths:

We talk about the dichotomy of what they learn in university and then on the ward, being socialised in the reality of the wards and these gaps that exist have something in them about the truth.

She sees part of her role as a teacher is to facilitate the students' journeys through these dichotomies so that they can create their own truths:

We teach the students about critical thinking, teaching or helping them to learn how to think and be accountable for themselves, this is part of saying you are going out there to change and therefore create your own truth.

Truth and knowledge in relation to health and social care and professional identity

Within the relationship between truth and practice and professional identity, P9 talks about the concepts of truth and honesty in relation to teaching students the traits relevant to nursing:

Well, I think the embodiment of the Nursing and Midwifery Council, NMC, code really flavours the programme. I think we talk about truth and honesty and good character which the NMC leads on at the moment.

When discussing certain aspects of patient care, P9 realises this can encourage students to face their own truths and beliefs: 'We wouldn't want patients to suffer and this often raises the question of euthanasia among students and makes them face their own truths and beliefs'.

Truth in relation to the impact on the student

P9 believes the curriculum is designed to focus on the student's journey to interpretation: 'So our curriculum focuses on that journey towards student interpretation'.

She talks about how the students sometimes get frustrated with this journey but that it can actually help them reach the point of discovering their truth: 'And I think there are some of us on the team who recognise that the students get frustrated but also recognise that the frustration can be a really powerful stimulus'.

She again mentions how truth is part of what the NMC expects the students to consider in their role as nurses and so this is introduced at the beginning of the course:

I think we talk about truth and good character in relation to the NMC and so what we do is we take students from induction and put them through a process of socialisation which takes them down that route.

Through the discussion we try to make students feel safe and able to say their point of view.

P9 suggests that whilst students are encouraged to think and question, it is important that they are safe in the clinical area and so she and colleagues will pick up on things they say or write that are unsafe:

Whilst in marking there is anonymity, if a student has written something that is clearly unsafe, we will find out who it is and speak to them, to prevent injury to the patients.

If things they have written are wrong but not unsafe we can just feedback as normal.

Truth in relation to Authenticity

P9 talks about being true to herself in practice and how she can reflect on situations she now wished she had intervened in: 'I remember one incident when I really didn't agree with the way the doctor handles a patient and I so regret that I didn't intervene and stay true to myself'.

However, she feels that she can now share that with students to encourage them and help them realise their own authenticity.

She admits that sometimes she worries that she allows her own beliefs to influence her teaching, demonstrating this as follows:

I remember once in a family planning clinic, a patient who could not get pregnant was talking about it as being God's will and I said no, it doesn't work like that. I felt bad because I allowed my own beliefs to negate her deeply rooted existential concern and I am wondering if I do that in education with students.

I can see that while her beliefs here may have been a demonstration of her authenticity and being true to herself, it was not necessarily respectful to her patient's belief and she was worried that her quick reaction to someone else's belief which she did not share, may be repeated with her students in the classroom.

With regards to encouraging her students' authenticity she realises that she needs to facilitate this carefully some times when one student's strong beliefs and truths could impact negatively on other students: 'I remember in a discussion one student who believed in euthanasia and the other students found this hard to deal with because it was not their truth'.

She explains she is able to do this by encouraging the students to think critically and be accountable for themselves, thus allowing for their own authenticity: 'Of course, part of what I was thinking about [was] critical thinking, teaching or helping students to learn how to think and be accountable themselves'.

4.4. Themes and Elements

Having considered the participants individually, I was able to see that within each theme, there were several elements which emerged which evolved from the combination of comments from the participants. These elements were sometimes shared between participants but also sometimes were only what one participant talked about. These elements within each theme are summarised as follows:

Table 4.1: Themes and Elements

<p>Theme 1 The Concept of Truth as understood within the individual lecturer's experience</p> <p>Elements</p> <ul style="list-style-type: none">• General Conceptions of Truth• Multiple Truths• Conceptions of Belief• Multiple Realities• Concept of Uncertainty <p>Theme 2 Truth in relation to the classroom, process of learning and teaching, knowledge and epistemology</p> <p>Elements</p> <ul style="list-style-type: none">• Critical thinking as more important than the truth• Links between truth, knowledge and health and social care curricula• The lecturer is not the truth bearer, only a facilitator of multiple truths, such as the theories taught• Sometimes it is important to teach what is factually right and wrong rather than true or not true• Honesty within truth is more important than the truth itself• Teaching is about a bricolage of ideas not the truth <p>Theme 3 Truth and knowledge in relation to health and social care and professional identity</p> <p>Elements</p> <ul style="list-style-type: none">• Disciplines have their own truth and body of knowledge• Professional identity embedded in teaching• The impact of Professional attributes• Practice truth embedded in teaching• Theoretical truths are often evidence based or statistically true in health and social care
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Theme 4 Truth in relation to the impact on the student

Elements

- Hive analogy, students buzz in and out
- Curriculum focusses on the journey to student interpretation
- It is important to listen to students' truth and try to incorporate it in the teaching rather than teach one's own truth
- Moral issues can impact on students when alternative truths are introduced

Theme 5 Truth in relation to Authenticity (lecturer)

Elements

- Being true to self and one's own theoretical beliefs whilst accepting students' differing truths
- 'Theoretical' authenticity and acceptance that one's own practice experience can influence this

Theme 5 Truth in relation to Authenticity (student)

Elements

- Recognition that the students' narratives, which can change over time, with reflection, lead them to their own authenticity
- Personalisation within interpretation allows students to develop their own authenticity

In order to address the findings in a coherent and comprehensive form, I have presented all of these elements within each theme in this Findings chapter. However, in my Discussion, I do not intend to address every element and theme independently as I believe this would limit the depth of discussion. My intention is to address all the findings but integrate and amalgamate elements and themes into sections which will allow a more in-depth discussion which will relate to both my findings and the literature identified in the Literature Review.

Chapter 5: Discussion

5.1. Overview

This chapter identifies and discusses the main findings from my research in relation to existing literature, thereby demonstrating the contribution my research has made to knowledge. My study has revealed gaps in the literature and some contrasts with existing literature, which has allowed me to evaluate my contribution to knowledge. It concludes with a reflection on the process of my research and the limitations of it, resulting in an identification of further areas of study.

My intention in the Discussion is to explore what I have discovered in the Findings and discuss interpretations of my findings in relation to my two research questions, at the same time incorporating the themes identified in the Findings. As mentioned in the final part of my Findings, I was able to identify elements under each theme which were addressed by my participants. Whilst it was tempting initially to address each of the elements within the themes individually in this discussion, I realised that this was too cumbersome and did not focus the discussion sufficiently, so these elements within the themes will underpin the discussion but not necessarily lead it. I have therefore refined my Findings themes and elements into six main areas for discussion.

Hess (2004) suggests that the purpose of an effective discussion in any research is to write about what one has discovered. He suggests it is easy to fall into the trap of trying to prove a bias rather than discover the truth. With this in mind, I will concentrate on an interpretation of the participants' lived experience and their particular truths, recognising that my truth will not necessarily match their truths or indeed that there is only one truth. This approach links well to the methodology I have used in that a phenomenological approach is concerned primarily with the participants' first hand life experiences and any presuppositions I have must be put aside and bracketed. Further, if we recall I have used an interpretative phenomenological analysis approach to guide my analysis which allows for the consideration of experience without confining it to predefined or abstract categories but by going 'back to the things themselves' as suggested by Husserl (cited in Smith et al, 2009). Hence in this

discussion it will be the participants' own experience and understanding of truth which will be centre stage.

In considering my findings, the main aspect to highlight, is the demonstration of the way in which key factors such as professional identity, professional attributes, knowledge specific to health and social care practice and curricula, facilitation of teaching and authenticity were closely intertwined within the participants' conceptualisation of truth. Also important to note, is that aligned to the factors influencing the participants' conceptualisation of truth, was the awareness about how their concepts of truth impacted on their students, who have also chosen to learn how to be a part of this professional group. While the debate on the definition of truth has a long history and is ongoing, the project of examining how truth is understood in relation to health and social care is relatively new and still has gaps that need exploration, which to my mind, my research has begun to address. The nature of truth in this context is more of a working truth that both health and social care lecturers and students can draw on rather than pinpointing an exact truth as philosophers have tried to do.

What I have found is that none of the lecturers believed that there was one version of truth but rather multiple truths or realities, often based on uncertainty rather than a certainty. The suggestion that what was being taught in class was a theory of provisional validity rather than a truth heavily influenced the way these lecturers saw their role within their students' journeys towards their own version of truth and authenticity. The study participants held that if students could become comfortable with questioning truth and with accepting that possibly more than one version of the 'truth' may exist, they would then be enabled to deploy the art of critical analysis and evaluation within their own learning.

Alongside the ability to question truths in a critical analytic way, students in health and social care are sometimes faced with moral and ethical dilemmas and need to be able to develop the art of moral reasoning, as we saw earlier in the literature review. Just to remind ourselves, moral reasoning is a 'psychological construct that characterises the process by which people determine one course of action in a particular situation is morally right and another course of action is wrong' (Rest,

Thoma and Edwards 1997, p.5). When reflecting on and discussing their practical experience, health and social care students may well be presented with scenarios that require a process of moral reasoning. If as my participants are suggesting there is not just one truth and students are encouraged to explore multiple truths, it may well be that one process that helps them to do so is their own ability to practise moral reasoning.

Whilst it is important to recognise that the lecturers in my study did not believe in just one universal truth, it is also important to acknowledge that this did not result in them believing that there is no truth at all. Blackburn (2005) raises the claim that ‘we must not believe that anything goes’ (p.xiii) resulting in a ‘soggy nihilism’ (p.xiii) whereby we have nothing to pin our beliefs and ideologies to; and I think my participants’ thoughts on truth were consonant with this position. The multiple truths that they acknowledged did align to their beliefs and ideologies which gave a substance to their conceptions of truth. The lecturers in my research certainly had beliefs and truths related to the theories they were teaching and often shared these truths with other lecturers in their profession and with their students. However, what they recognised was that these shared beliefs and truths could be interpreted and viewed from different angles, based on their own experiences of life and professionalism. What they also recognised was that their truths could be conflictual and dependent on their personal experiences and professional identity but this did not negate the concept of truth all together. Blackburn (2005) observes how this conflict or war of ideas resulted in the traditional theories of truth such as absolutists versus relativists, traditionalists versus postmodernists, realists versus idealists, objectivists versus subjectivists, rationalists versus social constructivists, universalists versus contextualists and Platonists versus pragmatists. Some of these oppositional pairs were examined in the literature review and as this discussion progresses we will see how the views of the lecturers in this research touched on these divisions within the ‘war of ideas’.

One of the most striking findings of the study was the idea that some truths could be shared and were based on professional identity, these in turn were seen to allow students to create their own identities within their chosen profession. The next section of my Discussion will now address the six main areas identified in my Findings.

5.2. The impact of the understanding of truth on the participant's identity as a health and social care practitioner and the influence this has on their teaching

My participants' individual experiences enabled them to understand and define truth for themselves helping them to recognise truth in varying ways that made sense to them. It was interesting to note that these experiences did not necessarily map neatly into one formal theory of truth but were often capable of spanning several, perhaps this being a reflection of the multi-faceted nature of truth for these participants. In Merrifield's (2008) book entitled 'The Wisdom of Donkeys' he talks about Heidegger's 'hidden law' of the mountain forest whereby Heidegger saw the forest as a metaphor for life and reality. He suggests that Heidegger saw truth concealed in the undergrowth of the forest and that some routes through this undergrowth led to a blind alley but some led to open ground and truth. The secret to finding truth was to find the correct forest path that led to the open ground and truth rather than the blind alley and nothing. This metaphor seems to me to describe my participants' experience of truth in relation to teaching, sometimes on their journey to understanding the truth they got stuck in a blind alley but more often the route, or forest path, took them to a better understanding of their own truth in relation to their teaching.

Further, in Baldock's (2004) book about the essence of Sufism, he observes that some events from the lives of Sufis have been turned into stories which have a message about life in them that some Westerners would find hard to believe. However, he argues that sometimes if we spend too much time looking for the truth in these stories, we may miss the real point of the story. My interpretation of what some of my participants were saying was that the same could be said about some of the theories they teach and that if they only spent time with their students deciding if the theory was true, they would miss the whole process of exploration, critical analysis and application of the theory to health and social care practice.

What I discovered when talking to my participants about their definition of truth was that they linked it very closely to their role as a health and social care lecturer. While they did attempt to define truth in generic terms they would also often quickly link it to either their teaching or how it affected their students. Although their concepts of truth did link to some of the theories of truth discussed in the literature review, it

appeared that they found it more useful to talk about it in a practical way rather than an abstract way. This understanding of truth also often aligned with their own professional identity and had an impact on their teaching, particularly when teaching 'ways of being' within their profession. Truth in these instances related often to honesty, ethical and moral issues in relation to their patients and clients. In turn this impacted on their authenticity as a teacher and a professional health or social care worker.

It was noted in the literature review that Wenger states that being a member in a community of practice allows us to incorporate our identity in that community as part of our competence (Wenger, 1999). This appears to have a bearing on what my participants were suggesting were ways of being which allowed them to form their identity. We also saw that Anderson and McCune (2013, p.284) observed that for Wenger 'identity and identity formation are integrally related to learning in formal and everyday settings', thus it is hardly surprising that identity is such a part of the lecturers' practice of teaching.

Also recalling from the literature review what Scanlon (2011) states about professional identities being constructed through an evolutionary and iterative process, resulting in an individual developing a sense of a professional self, it was clear that during their teaching some participants maintained an awareness of their professional identity which had changed over time as their experience expanded. They identified that there is a truth associated with the different disciplines within health and social care as well as a generic identity which underpins health and social care professions. Some participants were happy to support this professional identity and truth, discussing how they tried to keep their teaching within these boundaries of both discipline and general health and social care identities. This was particularly noticeable for the nurse lecturers, especially the ones who taught adult nursing and is in line with the existing literature which states that the search for professional identity in health care practitioners is becoming more contextually bound (Garbett, 2004).

An example of this was P7's desire to teach the students within a nursing framework that they would find useful when they were out in the clinical ward area. This to her was both contextual and relevant to students and she was also keen to demonstrate how

clinical practice had contributed to her own professional identity by sharing examples of her previous practice so that students could learn from this. While this was contextualising her teaching within her own professional identity, it also seemed to me that she was keen to maintain a clinical credibility to her students, showing that she had past clinical experience that underpinned her teaching.

Easing the acceptance of students into their chosen profession was a responsibility taken on by the participants and indeed was seen to be an important part of the teaching role. The way forward in this, they believed, was to teach the professional truths which allowed students to learn appropriate attributes which would make them acceptable to others with an already established professional identity. Teaching professional truths, as described by some of the participants, can be likened to Higgs et al.'s professional practice knowledge theory (2001) which refers to the knowledge base used by a profession. It comprises two parts, propositional knowledge, derived from research and theory and secondly personal knowledge derived from personal professional experience. This allows the student to learn both professional theory and practice from lecturers who have experience in both. However, what I found to be new was the desire to make sure students were also 'accepted by others into the profession'. This seemed, whilst admirable, quite an additional responsibility and one that would be measurable only to some extent by comments made by practitioners on practice placement reports, whereby the mentor on a practice placement can feed back on areas including how well the students are accommodating to their chosen discipline.

In contrast to the above positive discussion of teaching within a strong boundary of professional identity, there is also evidence of the detrimental effects it can have, resulting in students believing that there are distinct boundaries within their role and professional identity. This results sometimes in there being certain things they will not do for a patient because they do not see it as their role. For example, P8 mentioned that sometimes she has heard students talking about what is and is not their role rather than thinking carefully about what they themselves can do for the patient alongside talking to the appropriate professional, thus realising that they have a role to play in the holistic care for the patient. Here, the truth about professional identity and role should be remembered as being the holistic care the patient should be receiving; and that whilst

some health professionals may be more suitably qualified to do certain aspects of the care, the patient should be treated in a holistic manner by all health disciplines.

The literature review has noted that Noble et al (2014) view that an important element in students being enabled to learn a professional identity is that the curriculum must include opportunities for imagination, observation, experiment and evaluation, in relation to their chosen profession. From what my participants were saying in relation to what they saw as their teaching role, these opportunities to explore positive professional identity were available to their students.

Frankel (2009) suggests that the best way to address any potential detriment in teaching is by the use of reflection. He suggests that reflective practice can offer nurse students an opportunity to evaluate their learning from teaching in class, which may include theory and related experience from a lecturer's clinical experience. This could be said for other health and social care disciplines and I would suggest that the participants I have spoken to are aware of the need to allow students to explore their own truths, reflect and think critically about all that they hear in class, be it theory or the lecturer's own clinical experience and thus minimise the possibility of the lecturer's sharing of experiences being detrimental. I think P7 demonstrated this in her account of her discussion with a student who did not believe in termination of pregnancy and refused to work on a gynaecological ward because of this. P7 asked the student to reflect on her decision by giving her examples of pregnancy that can result from an unwanted experience such as rape or incest. P7 had experienced caring for patients in this situation and wanted to share this experience with the student so that she could work through why a woman may choose to abort her foetus. However, P7 was also very aware that she did not want to pressurise or influence the student but to show her through a process of reflection that some situations with patients were not clear cut.

It was also interesting to note that P8, a pharmacist teaching nurses, pointed out that she agreed professional identity could be a good thing but that she had heard students talking in class about 'perceived' delineations between roles. However, they went on to demonstrate an ability to think critically around the issues of patient care and overcome these perceived roles. Whilst there are professional codes within health and

social care, which can be helpful to professionals in order to create safe practice boundaries, Hewison and Sim (1998) point up that codes can also reinforce this professional demarcation, as observed by P8, which can lead to difficulties in inter-professional working. However, it is the responsibility of the teacher to encourage the discussion and critical analysis which would allow students to question and possibly reject unhelpful delineations between roles.

Some of the participants when discussing their own understanding of truth, believed there to be multiple truths rather than one truth, as well as multiple realities rather than one reality. The participants explored these observations further by suggesting that: it is their role to facilitate the student's exploration of these multiple truths and realities; their teaching role is to introduce theories to their students; and through a process of discussion, critical thinking and practical application in their practice areas, the students would be able to assimilate their own concepts of truth which would contribute to their sense of professional identity and allow them to take responsibility for their learning.

This aligns to the work we saw earlier in the literature review by Biesta (2012) in which he asserts that teaching has come to be understood in existential terms and that the student needs to take responsibility for their own learning. This process of teaching then allows the student to explore new ideas and to analyse them critically in order that they can achieve a revelation. Biesta further suggests that this revelation can be seen as a form of truth giving. At the same time, he acknowledges that the teacher does not have the actual power to give this truth but what the teacher does have is the authority in their teaching to open up avenues of truth to the student to consider what they have been taught and systematically decide what is the relevant theory and truth for their own experiences and needs in their professional practice. This truth giving must be based on what Kierkegaard (1992) calls subjective truth which Biesta claims is not a relativist truth but an existential truth that relates to the student's life experience.

Returning to Wenger's (1998) observation that identity formation can be related to learning both in formal and every day settings within a community that shares a specific practice, it can be seen to capture well what the participants were saying about their students exploring their own truths within the class and the practice setting and

thus formulating their own professional identity. The students were participating in a community, formally in class and in practice settings where they were forming an identity. Alongside of this, their everyday settings outside of being a student and a professional, have allowed them to form their own truth and will also have an impact on how they learn and how they practise. Through a process of critical thinking students can come to consolidate the truths they have formulated in these different settings as well as to question them.

It was important to some of the participants that as lecturers they provided a learning environment that allowed students to construct their own knowledge and learning and insights into the theories being presented to them. My interpretation of this is that my participants were alluding to notions of constructivist learning environments in which the lecturer assists the students to construct their own truth and knowledge through student activity. Richardson (2003) suggests that constructivism is a theory of learning and not a theory of teaching, however I would suggest that the theory of teaching and the quality of this teaching is paramount to enabling the learning to take place and thus the two are entwined. Whichever way we view constructivism, what seems plausible here is that the student is facilitated by the lecturer who has a sense of their own professional identity, and this may help the student to recognise their own professional identity.

The idea of constructivism seems to me to be relevant to health and social care students, who are learning to work in a person-centred profession which is dynamic and ever changing and thus having to construct a relevant working theory to enable this. As was noted earlier, part of this construction can evolve through a process of reflection on their own practice. Part can also be based on the lecturer's experience of teaching theory which to an extent aligns with various kinds of constructivism. For example, cognitive constructivism as proposed by Jean Piaget (1985) aligns to the notion the students are taught theory in which they use cognitive processes to assimilate, social constructivism as set out by Lev Vygotsky(1962) aligns to the social context of patient care in which the student learns and transactional constructivism as expounded by John Dewey (1991) aligns to the process between the student and teacher in the classroom and the process of reflection needed by the student to assimilate their learning. I think constructivist theories can demonstrate ways to give

the health and social care student the variety of learning backgrounds to support them in their professions, preparing them to work with patients who think differently to them.

5.3. The impact of the understanding of truth in the knowledge base of specific health and social care disciplines

Habermas (1976) believed that specific disciplines have a shared understanding within their knowledge base. This is not necessarily based on an absolute truth but on what is agreed between the professionals within the discipline. Within my research, as we have seen, whilst all participants were lecturers in health and social care, they came from specific disciplines such as mental health nursing, adult nursing, pharmacology, social work and physiotherapy. Whilst there was a considerable commonality among the comments from the participants, at times there were also nuances which could be seen to relate specifically to both their particular discipline and understanding of truth in relation to their teaching and students.

As we saw in the findings, P2 found it very difficult to think in terms of certainty in relation to the truth and she suggested that the concept of uncertainty was a more honest approach to take when teaching theory to students. She acknowledged that students appeared to be uncomfortable with this notion but as she could not be certain about the truth herself, she wanted her students to learn to question and think critically around the theories they were learning because the theories were not based on an empirical truth but more often on a 'best guessed truth'. The idea of a 'best guessed truth' can be related to the Consensus theory of Truth, in that the guessed truth may be dependent on what the majority in a particular profession think it is. Disciplines within health and social care may form a consensus based on repeated evidence from practice, which is shared within practice and becomes accepted as a disciplinary truth. This disciplinary truth is not based on certainty but is a 'best guessed' truth which makes sense to practitioners in a shared discipline and is then passed on through their teaching and their practice.

If, as Habermas suggests, professions have their own body of knowledge based on their specific discipline then my participants appear to be representative of the health and social care discipline network. This involves the idea that there is an accepted body

of knowledge within their own discipline as well as more generally within health and social care. For example, P1 who is a medical sociologist teaching research to nurses suggested that she thought in each discipline there was a 'sort of truth' based on a body of knowledge built up by the relevant discipline. This sort of truth, and best guessed truth, appeared to be synonymous with a discipline's knowledge.

Discipline knowledge, if based on a sort of truth, or best guessed truth, can be said to not be an absolute certainty. It seems to me, that what P2 is trying to show her students, is that sometimes, there can be an acceptance of uncertainty in that there are levels of uncertainty within theories; and that whilst students may want to know how certain particular theories are in relation to truth, this is not always possible and the uncertainty caused can be acceptable. The acceptance may result from a variety of circumstances, such as, the theory being discussed aligns with the student's own experience and so they can see a similarity with their own beliefs and truths or possibly they see that others in their discipline have accepted it and utilised it in practice. So whilst there may not be a certainty that the theory is true, there can be an acceptance at least that it is useful in some way to inform practice in their chosen discipline. Whilst the uncertainty may not be comfortable, the student can possibly take comfort from knowing the uncertainty is shared by others. Viewed in this way, P2's concept of uncertainty seems quite a reasonable position to take in relation to both theories of truth and the theories students are learning about in order that the student can explore their discipline's knowledge base.

However, what seemed to concern most participants was the dichotomy that students would experience between the accepted discipline body of knowledge and the student's own truth. The participants saw their role as a lecturer as encouraging the learning of knowledge *and* facilitating the student to think critically about their own truths in relation to this discipline's epistemology.

We saw earlier in the literature review how the knowledge students get from their university experience needs to be relative to their practice placements. This in turn leads to an acceptance of the provisional nature of knowledge and that it is relative to a context, in Perry's terms 'relativistic' (Perry, 1970, p96). So in essence the

knowledge gained by the students in university is provisional and then when it is applied to their practice and proves to be relevant, it becomes 'relativistic'.

While the literature recognises that the practice knowledge base, also sometimes referred to as practice epistemology, needs a process of reflection in order to constantly improve the knowledge that underpins practice (Higgs, 2004), what appears to be missing is how this best practice can be taught to students while they are learning and reflecting on their own truth. Reflection takes place both on practice and in practice (Schon, 1983) but if the students have not been in practice, they are learning from the discipline epistemology which may not be their own truth. As suggested by some participants, the students' own truth is still being encouraged and it is difficult to teach them that there is an accepted discipline epistemology at the same time as teaching them that they need to question and think critically about the theories being taught. However, as already touched on, this dichotomy can be addressed by pointing out to students the need to critically evaluate discipline based knowledge and epistemology in line with the literature and research they have read, which is all part of learning.

We saw earlier in the literature review that the freedom to stand back and reflect has an existential element, whereby we can become more than we already are (Kierkegaard, 1992). If this is the case, the reflective process would allow students to explore their own part in becoming orientated to the discipline and to expand their discipline knowledge. However, it is worth remembering that Macfarlane and Gourlay (2009) are dubious about reflection, suggesting that it is a difficult process that needs to be taught and practised.

Of course, practice truths may also change over time dependent on new evidence or research and, as P3 suggested, it may not always be helpful to the student to judge what is true or not true in absolute terms because one truth gets replaced with another truth over the years. However, it is important to encourage students to continue questioning and re-forming practice truths, in line with the new evidence and research within their discipline.

What is interesting to me in this context of discipline orientated knowledge and truth is that in more recent years there has been a drive to devise what has been termed as a common learning for health and social care students, or what is sometimes known as

inter-professional learning. In this common learning students from all disciplines come together for some of the learning that is common to them all, such as communication skills or developmental stages in children. Morris (2005) suggests that there have been several drivers for the implementation of inter-professional learning in HE health and social care programmes across England and Wales which have resulted from the reports drawn up following poor care by health professionals due to a lack of working together and communicating well. However, my observation and interpretation of what my participants were saying was that it was the specific discipline which was still valued as being the defining part of their professional identity and teaching and that the common learning is not held in such high esteem. This may be because the participant wanted to have a sense of belonging in a specific discipline and didn't find more generalised knowledge to be helpful. Certainly in my own professional identity within children's nursing, I regularly argued against the more generic teaching about skills such as communication not being applicable to children who couldn't talk yet and needed to use play in their communications, which was not in my view that relevant to adults.

5.4. The impact of professional attributes on the understanding of truth within teaching

My participants often mentioned particular attributes as being part of their professional practice such as honesty, integrity and morality. The admission by P7 that she sometimes struggled with the concept of truth in relation to honesty, was a brave one. It can be argued that displaying this struggle may have had a positive impact on her students while at the same time demonstrating a practice truth being embedded in teaching. On the one hand, she was able to demonstrate professional identity to the students by reminding them they had a professional code of conduct to guide them, honesty being a part of that. On the other hand, she was also able to provide them with a useful learning experience by getting them to think about when telling the absolute truth may not be therapeutic to a patient. In giving examples of her own practice truth and experience, she was also able to bring the debate alive for them, allowing them to see how influential their profession could be and how their own beliefs and truths could impact on their practice and professional identity. While Codes of Conduct are a good guide to professionals on the ethics and good practice in a profession, they can also

limit the humanistic practice of health and social care practitioners by not meeting the needs of an individual. Johnstone (1994) sums up the use of codes of practice as encouraging a rather mechanical and unreflective approach to ethical decision making. P9 was demonstrating to students in her honest discussions with them the difficulties they would face as nurses when making decisions in the best interest of patient care.

For P9, also a lecturer in adult nursing, truth in relation to professional identity was important with regards to teaching students the ‘traits’ of nursing. Here she linked truth to honesty which was important for her in relation to caring for patients in an honest way which is set out in the Nursing and Midwifery Code of Conduct. Honesty, for her, was part of the good character that is expected from a nurse in order to care ethically for their patients and to be honest with them when telling them about their diagnoses and prognoses. It was interesting to hear that she also felt at times that the truth was not helpful to patients because of the differences in their personality and ability to cope with truth. However, this tension was helpful to her when teaching students about the difficulties in caring for patients who were so individual in their needs and ability to cope with illness.

These professional attributes and traits as just described can be seen to have a relationship to the external goods as referred to by McLaughlin in the literature review. Internal goods are values distinct to a practice community and can only be achieved by taking part in that particular practice and can only be deemed as ‘standards of excellence’ by experienced practitioners (McLaughlin, 2003, p.342). As McLaughlin goes on to suggest, a practice such as health and social care is grounded in its own particular virtues derived from ‘external goods’ and I would suggest the honesty traits as described by my participants are such external goods and virtues.

Remembering that what she teaches in class will affect patient care in practice, P6 likes to get the students to think about the ‘therapeutic care’ they can give as mental health practitioners rather than the absolute truth of the diagnosis. A shared understanding of truth is integral to this and involves an element of clinical reasoning to decide on the best therapeutic intervention. This does not ignore the students’ need to develop their own truth but in fact allows them to work through their truths so that they can come to a shared understanding of truth which then allows them to work together towards some

one's wellbeing. This seems to be consonant with Beeston and Higgs's (2001) position with regards to clinical reasoning within shared traditions, that although the traditions are shared there is still room for individual expression within the tradition. However, what is new here is that while P6 may want the students to think collectively about appropriate therapeutic care, she hopes that if they have been taught to explore their own practice truths in the future they may express these individual truths to push the boundaries within mental health care practice.

Being able to evidence teaching with practice examples is important to bridge the gap between the university and the practice area. Winter (1996) in his desire to encourage action research states that we must remember that practice and theory need each other. The need to use examples from their own practice experience was evident for many of the participants and they often did this, largely to show that there can be several ways of doing nursing practice and there are not necessarily right or wrong ways. P7 demonstrated this with her students because she had often found that when she got out into practice, they had different ways of performing nursing care. This had left her in a dilemma, should she allow the students to continue to practise in the way they had been shown out in the clinical area, given that it wasn't the way she had taught them to practise that she thought was underpinned by sound theory. Whilst she may have preferred her students to practise in the way she had taught them, she didn't want to leave them in a dilemma of having to choose between her way of practice and the way they had been taught in the clinical area. She recognised that there can be several ways to deliver care in practice allowing also for the recognition that patients are individual and their care needs to be appropriate for them. For her, this made her teaching more truthful, in that she was able to share with the students her dilemma but at the same time teach them how to decide for themselves which care was best for the patient, even if it was not the same way she would have chosen to do it.

Some of the participants talked about the importance of teaching what was right and wrong rather than what was true or not. The idea of right and wrong in the context of my research, that is, health and social care, has two elements. Firstly that it is important to teach what is correct rather than incorrect. Therefore it would be important, for example, to teach childcare nurse students the correct formula for calculating individual drug doses so as not to under or overdose a child or baby. Here we see an

example of what is technically correct underpinning moral responsibility within practice.

The second element for teaching what is right or wrong is more existential, in that there are traditions within health and social care and moral expectations to 'do no harm' and these ways of professional being need to be taught correctly, according to some of the participants. These judgements of deciding what is right or wrong are depicted by Hilary Putman (2008) as being norms. He suggests that norms are the rules or principles that govern our thoughts and beliefs and thus govern what we think it is permissible to say or think. They are utilised when we are deciding what we think is right and what is wrong. This, I believe, is prevalent within the teaching of health and social care students and allows for the good practices within the profession to evolve and to be passed on to new members. My analysis revealed that the participants who were more concerned with the rights and wrongs of what they were teaching were involved in sharing these norms and passing them on in their teaching.

In deciding what is right or wrong, an ethical dimension is introduced which Thornton (2013) suggests can contribute to conflicting values which then makes it difficult to decide what good health care is. To overcome conflicting values within healthcare, the 'Values Based Practice' model was introduced by Fulford (2011), in which he states that a skills based approach is required whereby rather than depending on the right outcomes, practitioners should practice a good process. This aligns to the moral expectation above of doing no harm, in that if a good process is followed it is less likely that harm will be done. However, if the health and social care lecturer tries to teach the right outcomes, the debate about the truth of the right outcomes could go on for all times without a conclusion. Health and social care students would then be in the difficult positions of not knowing how to care for the patient or client and 'do no harm'. (Prior to this was the model of Ethic of Care introduced by Gilligan (1982) focussing on maintaining relationships through responding to the needs of others and avoiding hurt through a process of moral reasoning.)

The idea that honesty was more important than the concept of truth itself was strongly held by some of the participants. The idea that truth was not a certainty or necessarily tangible led to the suggestion that being honest about not knowing what the truth was

is as important as trying to identify the truth. One participant talked about the theories being presented in different ways by different authors and that it was important to be honest with the students that theoretical literature rarely agreed on a single truth. The quality of honesty is usually linked with the idea that we should not deceive and that we should set out the factual evidence to underpin our practice, which at the same time links to the idea of behaving with integrity.

Whilst the quality of honesty can be linked to the notion of the lecturer's authenticity, I would suggest that the quality of honesty has also been shown by some of my participants to be integral to the process of teaching so that the student can be allowed to learn and create their own epistemology. Whilst many academic institutions address academic honesty from the student perspective, in that they are shown how to reference and instructed not to plagiarise or cheat, it is interesting that participants recognised that it was also important that they maintained academic honesty and integrity in their teaching. Santoro (2013) states that integrity when teaching falls into three dimensions, that is: personal integrity; integrity of teaching; and professional integrity. She suggests that it is the overlap of personal integrity and integrity of teaching which results in professional integrity. If, as Santoro asserts, personal integrity is about expression of self in our teaching, then P8 was expressing her own view that truth is not a certainty and that for her it was more about being honest with the students that there are contradicting perspectives in theories. This then links to professional identity, by 'honouring the students' needs and teaching the subject responsibly' (Santoro, 2013, p.517), which for P8 meant she felt the need to be honest about the difficulty in being able to conclude that just one theory was the truth. Finally, if we see integrity of teaching as a way of acting in an educative way with students, in that we allow them to explore theories and interpret them in different ways to each other and us as teachers, we can see this reflected in P8's conclusion that if she is honest in her teaching, it will better educate students to question and look for alternative explanations rather than just accepting her evaluation of a theory.

Whilst Santoro may have been looking at these dimensions of integrity in teaching from a different perspective, I believe the notion of honesty is valuably demonstrated within her paradigm and a further dimension can be added here in the example of P8's 'honesty' within teaching. P8 believed that her honesty about there being no certainty

in truth encourages students to question the truths they hear when out in practice and to reflect on what they hear, so that they can put their own perspective on their experience, which enhances their own practice.

Several of the lecturers also talked about the moral dilemma of presenting several truths, in that while they saw it as being an important part of learning and teaching to get the students to think critically about theories, they also didn't want to be seen to mislead the student. This was an interesting dilemma to raise, considering that a main theme in teaching health and social care students is how to act and behave in a moral way to patients and clients and to me there seems to be a parallel here in that the participants wanted to teach in a moral way. As has been discussed earlier, Hurtado et al.(2012) suggest that through active learning in classrooms social justice issues can be presented to students to motivate them to think critically about how to address these issues. Consequently moral development can be encouraged through a process of reasoning. It would appear that this was exactly what some of the participants were attempting to do in their teaching by giving several scenarios of the truth through the theory they were sharing and facilitating the students to use a process of reasoning to decide which theory was best placed to underpin their practice, allowing them thus to experience moral development about what was deemed as best practice.

However, as any health and social care lecturer knows, deciding what is right and wrong and what acceptable ways of behaving are is both objective and subjective, in that there are accepted norms within the health and social care disciplines but at the same time we need individually to interpret these collective norms and have personal opinions about what is right and wrong. Feather and Abbate (1985) suggested that a good approach to moral development in nursing is a process of value clarification whereby the individual explores in a non-threatening environment their own inner values and beliefs allowing them to make a judgement about their beliefs and truths.

If we consider this proposal in relation to the teaching strategies of presenting several truths to the students, surely enabling them to explore these in the classroom provides them with a safe and non-threatening environment to evolve their own truths. Presuming the lecturer is open about the truth according to differing theoretical backgrounds, there need be no moral dilemma to impact negatively on the student.

Buzzeli and Johnston (2002) observe that using the correct language, being open and honest in the classroom and being aware of student culture, allows the lecturer to maintain morality within the teaching environment.

This issue of culture is interesting in relation to moral issues, in that P8 recalled how international students found it difficult not to concentrate on factual information when they were being asked to think critically about the evidence from theories and argue for and against the theory being relevant and true by applying it to their practice. This went against the moral instincts of some of the international students because their culture did not encourage them to question teachers or what they understood to be factual theories as this was seen as being disrespectful. However, what several participants suggested was that having an awareness of this dilemma for international students was a first step to enabling them to overcome their reservations about joining in and questioning. Kim (2011) states that educators in higher education need to understand the complex needs and experiences of the international student in the classroom because these students may be experiencing the activities in the classroom differently to how the lecturer assumes they are. Therefore a process of adaptation is needed by the lecturers and the students, to allow the international student to learn without compromising their culture or causing moral issues.

5.5. Links between truth and the formulation of knowledge within the health and social care curriculum

Many of my participants were more comfortable talking about truth in terms of a belief rather than a determined truth and suggested that it is belief systems that underpin health and social care curricula. Linked to this, Habermas (cited in Hesse, 1978), observes that there is a shared understanding within the knowledge base of groups of practitioners, as within health and social care, which is based on belief and results in a consensus of truth. This specific consensus of truth may well underpin curricula within health and social care, as suggested by some of the participants, however there appears to be a gap in the literature on what the underpinning belief system associated with the curricula is. While it may not be surprising that there is a reluctance to address the belief system of a health and social care curriculum, such as the prevailing moral

beliefs or the best way to care for patients, I think this could be a very important consideration for future research.

We saw in the Literature Review that Habermas also talks about the 'lifeworld' by which he means the informal domains of several contexts such as culture, policies outside of formal politics and organisations (Finlayson, 2005). I think this is an important point in relation to health and social care curricula in that the curriculum could be seen as the formal domain of health and social care practice and actually what it also needs to address is the informal domains of care which are practised in the clinical areas and based on culture amongst other 'human' aspects of care. To a certain extent some of the participants touched on the notion of their lifeworlds, when they noted that they encouraged students to share their practice experience in class and reflect on it. This allowed for the more informal practices to be considered and the opportunity to incorporate lifeworlds into future care.

These lifeworlds also link into the notion of communities of practice as described by Wenger (1998), in that by allowing students to discuss their practice experience in class, they are able to start to recognise a structure and meaning to what they are doing. As Wenger suggests, the students are then encouraged to be involved as a person who is using their ability of knowing and their ability to practice at the same time. In turn, the student can become a member of the practice community they are learning about in university, whilst the lecturer is able to encourage this membership and support the student within the process.

Also noted earlier in the Literature Review, the coherence theory of truth is said to be based on a system of beliefs (Walker, 1989) and it is the coherence of these beliefs that is thought to be more important than the belief itself. This, I think, can be seen to be parallel to what some of the participants were saying about knowledge formulation in the health and social care curriculum, in that there is a coherent system of beliefs within health and social care knowledge, which in turn offers a sense of truth about the knowledge taught to health and social care students. As we saw in the literature review, Blanshard (1939) proposes that pure truth needs to be seen as a coherent set of beliefs and whilst my participants may not be saying that the knowledge taught in health and social care curricula is 'pure truth', they are suggesting that a coherent set of beliefs is

held in health and social care. They observed that through discussion students can get a sense of this coherent belief system that they can then put to work out in practice.

If the knowledge taught in the health and social care curriculum is indeed based on a belief system that is shared, it could also be argued that there is a link here to Plato's tripartite theory of Knowledge which according to Crombie (1963), as was noted earlier, states that knowledge must be believed, be truthful and have justification. What underpins this tripartite theory of knowledge is that it requires belief to formulate knowledge, just as some of the participants were suggesting that beliefs underpinned the formation of knowledge in the health and social care curriculum.

Some of the participants were more comfortable with this idea of belief systems, rather than 'pure truth' as suggested by Blanshard (1939), and I think this was because they did not want to appear absolute in their own understanding of truth which would make it difficult for students to explore their own understanding of truth. P4 concluded that his personal definition of truth was simply a set of beliefs, strong beliefs, demonstrating that his truth system was more based within his own belief system with this allowing his students room to explore their own beliefs in order to ascertain their own truths. Other participants talked about the relationship that their beliefs had to truth, such as P2 who talked about how her own personal belief about truth was bound up with the idea of certainty, which she struggled with and so was more comfortable with a notion of belief which was not so 'cut and dry'. P5 mentioned that her personal belief was that truth could only be harnessed and gathered through experience, an experiential truth and this was important in relation to her students who needed to learn through their own experiences in order to work out their belief system and truths and how these differed for them personally.

In the Theory of Correspondence as congruence, in which Bertrand Russell (1971) describes belief to be capable of being true or false he posits that in order for the belief to be true, the individual needs to see their belief as corresponding to a fact which in turn corresponds with their belief. This is interesting as it seems to suggest there could be difficulty determining which comes first, belief or truth. When considering what the participants I interviewed said, many suggested that for them truth was about personal belief, perhaps suggesting that belief in these cases came first and was the

means to determine truth. This is a useful concept for health and social care teaching and curriculum, considering that when working with people as clients, truths are not always shared and not all clients conform to one way of being. The ability to align different belief systems to factual evidence, that is, what is observed and heard from the client, may allow a corresponding congruence to emerge, between client and practitioner, lecturer and student and student to student. If the curriculum is taught by lecturers with views similar to those of my participants, this allows the flexibility to adapt to the differing beliefs, truths and to possible congruence.

Several of the participants referred to truth within health and social care curricula as being factual or evidence based, for example, P 3 talked about truth as being something that can be proved such as a child's centile growth not being affected when the child was placed with foster parents. Within child related health and social care curricula, centile charts are taught when discussing the growth rates of children and what are and are not normal parameters. In the example given by P3, truth was two-fold, centile growth was factually based evidence and there was proof that the child's centile growth was not affected by being placed with foster parents, so there was also a practice relevant issue related to centile growth. While there could be a debate about the truth relating to why the child's centile growth was not affected, P3 believed that there was not a conflict around the factual base of centile growth itself being within normal parameters. The truth here being that the centile growth corresponded with a 'fact' that was taught within the curriculum for social work students. I think there is a link here to correspondence theory, in that there is evidence in the corresponding belief that centile charts are underpinned by fact and when this is taught to health and social care students there is a link between a theory of truth and the formulation of knowledge.

We saw earlier that the congruent branch of correspondence states that truth must be congruent with a fact that is known and has been observed (Russell, 1971), such as in this case, centile charts. Of course, it could be argued that this is a fairly simplistic view of correspondence theory, considering Russell himself over the period of his career changed his mind about what he viewed correspondence theory to be (Mosteller, 2014), however what is clear here is that for some of the participants in my research,

importance was laid on there being a correspondence in some way between a fact or what they believe to be a fact, in order to define a truth.

It was also notable that P2 talked about the idea that there can be a 'consensus belief'. She discussed how, to her, belief was probably a more accurate description of her personal truth and she surmised how sometimes her own personal beliefs/truths were held by others. This consensus of belief held by P2 and colleagues can be seen to be part of the process to recognising truth such as is described in the Consensus Theory of truth where we saw that there is a proposition that truth is what the majority of people in a group believe. As we saw in the literature review, Runes (1962) discusses how the proposition of truth is what the majority of a group of people believe, i.e. it is based on a community belief. This is interesting in that it also shows an overlap with belief systems as noted in the coherence theory of truth, which I think demonstrates further the difficulty of defining truth absolutely because of the connections and parallels between the theories of truth. However, returning to P2's suggestion that for her there is a consensus belief, there can be a criterion of truth, based on shared beliefs, which the majority of health and social care lecturers and practitioners find acceptable and this criterion may be based on research, evidence or experience within a discipline. So if within the curriculum a congruence cannot be reached, potentially an alternative could be a consensus.

Some of my participants talked about how their understanding of theories taught in the curriculum correlated with their theories of truth and knowledge, going on to discuss how important it was to revise their teaching so that they were able to convey the theories to students without influencing the student or showing a bias because they themselves believed the theory being taught to be true. As we have seen, the participants then believed it was their role to enable the student to understand and interpret the theoretical perspectives in order to come up with their own truth and apply this truth to their practice in a clinical area. Whilst some participants acknowledged that it was the way the curriculum was written that allowed the students to go on their own journeys of interpretation, they also saw that part of being a lecturer was to continually revise their own understandings of truth and how it measured up to the students' truth.

There has been much discussion and debate over the last few decades about what is referred to as the scholarship of teaching, and what it involves or how it can be defined. Boyer (1990) discusses the relation between the academic teacher's own understanding of the subject and how it meets up with the student's own understanding. This, he further states involves an examination of the teacher's own understanding and ability to teach this understanding, thus teachers must continually examine their pedagogical procedures. The scholarship of teaching, according to Palmer (1998), is associated with inspirational teaching and creativity which in turn can foster knowledge and at the same time allow students to transform what they know in order to understand it in different ways, thereby increasing their knowledge base. I would suggest that my participants were engaging in scholarship of teaching activities when they talked about recognition of the need to align their beliefs and truths with the students and in turn encouraged the students to question and think critically.

It would also seem to me that many of my participants were aware of their role within the process of scholarship of teaching, even though they did not refer to the terminology used by Boyer or Palmer. Kreber (2013) suggests that the scholarship of teaching is associated with enquiry and critical thinking. Certainly we saw in the preceding chapter that for many of the participants it was important to them to encourage these processes in the student when focussing on the student's own journey to interpretation. They also talked about adjusting their own truth and ways of teaching to keep up with the students' truths and experiences as they 'buzzed in and out of the hive'.

We saw earlier that Oermann (2014) points up that scholarship of teaching is an inquiry about learning and teaching and she goes on to state that scholarship of teaching is essential in nurse education. This she believes is because it is the best way to think about how we teach future nurses in order to prepare them for the practice area. Certainly the nurse lecturers in my study were keen to enable their students to learn in the best way possible in order to become able practitioners. The emphasis participants put on their ability to teach well in order to facilitate student learning also echoes Tagg's (2003) proposal, (as noted in my literature review), that perhaps the scholarship of teaching should actually be referred to as the scholarship of teaching and learning.

5.6. The role of the lecturer in facilitating the student's own understanding of truth in relation to health and social care

Some of the participants talked about how their own understanding of truth sometimes differed from the student's understanding of truth. These participants suggested that it was part of their role as a lecturer to guide the student through the process of considering different truths in order to shape their own truth to their chosen health and social care profession. This had an impact on the way that the participants would approach their teaching, remaining open to the students' ideas and at the same time supporting the students through a process of critical analysis so that the students could extend their learning.

What was clear within the participants' conceptions of truth, was that despite coming from varying professional backgrounds within health and social care, one element all the participants agreed on was that there can be no 'one truth' but that there are 'multiple truths' that individuals subscribe to. The participants talked about how there can be several ways of presenting the truth, understanding the truth, interpreting the truth and about how processing these different facets of truth can lead to achieving a personal truth. This helped them recognise that their own truth may differ from their students' interpretations of truth which even more suggested to them that it is difficult to single out just one truth. However, as mentioned earlier, perhaps the differences in the lecturers' and students' understanding of truth had led them to adopt a working truth which allowed the lecturers to enable students in learning how to perform their role as a health and social care professional.

The idea of a working truth, in the context of my study, relates to the many aspects of working in health and social care. Primarily the work is done with other human beings, all individual with their own concepts of truth about life and their existence. A working truth involves the ability to understand that not everyone shares just one truth or beliefs and allows for acceptance of this within the professional role of caring. The Literature review observed that existentialism as a philosophy appears to align with the nature of Health and Social care professions; and indeed I think in the context of a working truth it gives a shared base for practitioners with different held truths to work from. Flynn (2006) interprets existentialism as being 'person centred' (p.9), allowing for the

exploration of meaning by individuals. A health and social care practitioner is in a person centred profession, working with the patient or client to explore the best way to optimise health which involves exploring truths as understood by both the patient or client and the professional. This allows for a working truth which enables an accepted way forward in the optimisation of an individual's health, thus, I believe, making existentialism an appropriate philosophy in helping health and social care lecturers and students to understand the nature of truth in this context and explore it.

The idea that the lecturers and students have differing thoughts on truth and knowledge can be explored in many ways. As noted in the literature review, Williams claimed that 'the norm attached to assertions is knowledge' (p.76). However, this does not necessarily mean that the knowledge being passed on is accurate or believed to be the truth by everyone who hears it. This it seems reflects what some participants are saying about their truth not necessarily being shared by students who don't have the same belief and need to assess for themselves how truthful the knowledge is that is being passed on to them. The participants saw themselves as facilitating students to work through this and think critically, in the hope that the student was enabled to go through a process of learning and truth making. As we saw earlier Strhan (2010) observes that it is very difficult to educate by truths in the present educational context of performance and assessment, however, it should not stop us as educators from 'help[ing] our students to encounter truth procedures and to see the truths that they encounter as precious' (p.249).

It has been noted that Baxter Magdola (1992) identifies one of the transitional stages that students go through as that of developing their skills of questioning the certainty of knowledge. This allows the student to realise there are doubts about the certainty of knowledge and that it is acceptable to have their own beliefs and subsequent truth. This then encourages them to investigate the evidence around a particular theory they are learning about, thus allowing them to construct their own knowledge. This resembles what some of my participants were suggesting they do in their teaching, thus allowing the student to gain a better understanding of their own truth in relation to knowledge and practice within health and social care.

It was interesting to me to hear all the participants suggesting that there could not be a single truth and that they were prepared to accept their truth may differ to their students. Prior to the interviews I had wondered if those who taught more scientific subjects such as physiology, anatomy or pharmacology would suggest that there could be one truth based on research and evidence. However, participants who talked about evidence underlying truth seemed happy to suggest that this did not mean that there was only one truth, as evidence could lead to 'a truth' not just 'one truth' and this could change as more research and evidence was carried out and published. I believe that it was their ability to accept that there was more than one single truth that enabled participants to acknowledge that sometimes the student's truth was different to their own.

The idea that there can be multiple truths is echoed in Kirkham's (1995) observation that philosophers have created their own theories of truth in order to answer questions about what truth is, thus creating multiple truths. He further notes that within the questions about what is truth, is also a dispute over what kind of things can be true or false and thus they may be just beliefs, propositions, statements or something else, rather than truths. In the correspondence theory of truth, Aristotle posited that truth can be recognised when it is correlates with a belief and yet according to Bertrand Russell's version of the same theory, truth can be recognised when it is congruent with a fact (Kirkham, 1995). Echoes of these debates within philosophy can be heard within the study participants' reflections on truth, but in their case these reflections were very firmly rooted within the health and social care context.

In line with the position that truth can be different for each individual, P2 discussed how truth is an individual phenomenon. She suggested that individuals bring their own unique experience to things resulting in personal truth differing from individual to individual and thus there are multiple truths. For both P4 and P2 these multiple truths are based on personal experience and perception which seems similar to a strand of the Pragmatic Theory of Truth, whereby perceptions which create truth and knowledge are based on individual experience and reality.

There is also a link here to phenomenology which concentrates on the person's lived experience, as in this instance where both these participants are particularly pointing

up that their own truth is based on personal experience. As Lehrer (1990) has observed, knowledge can imply there is an acceptance of truth to a perception, which for some may be a shared perception. However, this explanation ignores those who do not share the perception and adhere to one of their own. It seems to me that both P2 and 4 are able to recognise that their perception is not always shared by their students, thus allowing the students the freedom to explore their own truths. The problem comes when the lecturer has difficulty understanding the basis of the student's truth, whilst accepting that the student is exploring their own truths.

As P1 observed, she can accept that the students like to present their own truths and while this is a healthy way of learning, there are times when she feels she has to point out to them that they are 'way off beam'. Her solution is to suggest to students that they are exploring ways of seeing things rather than discovering the truth. My interpretation was that in this way she could then demonstrate to the student that she did not agree with them; and that in the student's exploration of the truth related to their learning they needed to accept that sometimes it did not align to what the consensus analysis of the theory suggested or indeed her own analysis of the theory. I think that in this way she was hoping to not discourage the student from exploring theories and their own truth, but to accept that sometimes they may well be incorrect or 'way off beam' in their own interpretation.

It is interesting to note that P4 also suggested that his own concept of truth is better described as 'ways of seeing things'. The thought that there can be 'ways of seeing things' implies that the way the participants and lecturers see things can be different, however, the difficulty for the lecturer is how far to allow the student to explore their own way of seeing things, if it is very different from an accepted interpretation of a theory.

Many of the participants viewed it to be important in their teaching to consider many theories with their students, to enable the student to consider the theories critically in relation to how they measured up with their own experience in practice and thus their validity in relation to practice. This encouragement of critical thinking in the students was seen to be vital when considering the truth of the theory. However, what some of the participants suggested was that it was the encouragement of the student to think

critically that was more important than the decision on what the truth of the theory was. In the discussion of critical thinking within the Literature Review, I set out Schopenhauer's position that the judgements made can be expressed as knowledge and if there is sufficient ground to judge a theory to be knowledge it then 'receives the predicate true' (Janaway, 2002, p.24). While the participants were justified in saying that they saw their role in encouraging the students' critical thinking to be more important than judging the truth of a theory, it seems to me that in doing this, the lecturers were implicitly helping their students to explore their own truth and to create an epistemology that they could apply to their practice as well as share with others. The two processes, thinking critically and judging the truth of theory in order to create knowledge, are inextricably linked.

Further, Dewey (1991) suggests that exploring these judgements we make about theories encourages the art of problem solving and that in turn can question assumptions and beliefs. Dewey refers to this as critical enquiry and views it as vital to the process of freeing us from dogmatism and tradition. If we apply this to what some of the participants were saying about encouraging students to think critically and determine their own truth we can see that the process of learning and teaching within the classroom plays a vital part in allowing conceptions of truth to be explored.

This type of critical enquiry which involves problem solving and questioning, is closely tied to reflection. The ability to think critically in this way allows for a process of reflection, which Dewey described as being about careful consideration of beliefs or knowledge in order to explore them further and maybe redefine what we consider as knowledge or a belief. Thus critical enquiry is a tool in the process of critical reflection.

Aveyard et al. (2011) claim that critical thinking for those working in health and social care is becoming increasingly more important because of the ever changing world of health and social care. They suggest that these changes are down to many aspects affecting health and social care such as: technology, increasing population diversity, limited financial and material resources, environmental changes and globalisation. If this is the case, the belief of some of my participants that encouraging critical thinking is more important than only trying to define truth is a very relevant function in the

classroom, allowing students to develop the tools they will need to work in this ever changing world of health and social care.

As we have already seen, my participants talked in various ways about how they did not see that there is one truth, but several, some held by theorists, some by the lecturer and some by the student. What is important is how these work together to impact on the student's learning, understanding and experience of the practice they are engaged in. P8 used an analogy of a bee hive to describe how she sees the students exploring the many truths presented to them and how her interactions impact on the students. She suggested that the students were buzzing round her, asking questions, clarifying and exchanging views. The students would then buzz out of the hive, back into the practice area and collect more truths to bring back to the hive.

Kindschi (2005) in what he describes as his tongue in cheek analogy of a hive, describes the healthcare organisation in terms of worker bees, drones and the queen bee. The worker bees are the doctors, nurses and allied health workers whilst the drone bees are the middle management with finally the Chief Executive Officer being like the Queen Bee. Thinking about what P8 was saying, I can see that if we apply a hive analogy to how concepts of truth impact on the student, we could suggest that the students are the worker bees, collecting truths from several sources and taking them back to the classroom which would be the hive. The colleagues that they were working with in practice areas could be seen as the drones, giving support to the workers as they come into practice to collect truth, whilst the lecturer would be the queen bee, waiting back in the hive for her workers to bring truths back to her, lightening their load ready to go back out of the hive to forage.

Whilst this may not be the most accurate description of bee behaviour, particularly the drones, it does give a light-hearted analogy in this context, illustrating what P8 was saying about it not being healthy for the students just to 'sit in the hive' but to go out and fact-find in order to come back to the class to test out their new theories on the truths they have learnt. This in turn allows them to return to practice with a better understanding and acknowledgement of why some times what is done in practice does not always meet up with theories they have been learning about, in that all the

participants in the process have different truths which need to be constantly considered and re-considered in the light of personal experience.

I think very much integral to what the participants said about focussing on the student's journey of learning was that many of them believed it was important to incorporate the student's own truth into the teaching sessions as a way of exploring and thinking critically about theoretical perspectives and clinical experiences. When referring to a student's own truth, I am suggesting that the student may have a different understanding or interpretation of what they are learning about, based on their own experience or beliefs. The work of the lecturer is to enable the student to see other people's interpretations and understandings so that the student can either reinforce their own truth or adjust their own truth in line with a more consensus interpretation of truth surrounding the theory being taught. It was interesting to note that P4 went as far as to say that sometimes in his teaching he tried so hard to incorporate the student's truth that he actually went off track from his own version of the truth. However, he seemed to think it was important to try to address different truths to his own.

It is my thought that, the practice of the participants in focussing on the truth or knowledge that the students bring to the classroom is a good one. As we saw in the discussion of the scholarship of teaching, by recognising and encouraging students' knowledge and understanding, we can focus on how to encourage them to develop further in both their academic work and their professional practice. Sandler and Hammond (2012) note that students do not learn in a vacuum, they build their higher knowledge from their prior knowledge. By incorporating the students' truths in their teaching sessions, the participants are allowing for this process. Sandler and Hammond (2012) go on to say that 'understanding the students' prior knowledge is essential to strengthening the students' overall relationship to academic learning' (p.60) and I would suggest that this enables the lecturer to facilitate the student to use their prior knowledge to determine their own truth about the theories they are learning about.

While the article by Sandler and Hammond was specifically referring to students' prior knowledge in relation to reading, I think it is fair to extrapolate and suggest this is also true when working with students in a classroom. Health and social care students are learning and testing truths all the time, whether they are reading, in class or out in

practice areas. It is good teaching practice that my participants were recognising this and encouraging the students to explore their truths. In addition, P4 noted they were recognising the occasions that the student's truth is just plain wrong or factually incorrect and helping them to work through this. As another participant suggested, whilst allowing students to develop it is important not to let them think that anything goes even if they can make a good argument! Of course, this then begs the question of how we know a student's truth is just plain wrong, usually on the basis of fact and evidence was the most frequent suggestion made by the participants. So while students are encouraged to be appropriately questioning and not take an 'anything goes' stance, they also are given guidance on when the evidence does not support what they have concluded as their truth in relation to a theory they have been contemplating.

The two mental health lecturers discussed the idea of multiple truths in terms of multiple realities, which they were quite comfortable with, possibly due to their work with some of their patients, who lived with mental health issues in which they often experienced multiple realities. While the mental health lecturers may have experienced the idea of multiple realities in a practice based context, they seemed to suggest that this allowed them to contemplate the idea of multiple realities in other contexts such as in their teaching and interaction with students, when they and students had different realities about the same topic. In line with this suggestion is an article which identified that multiple realities and voices in truth can occur when teachers' and students' beliefs are aligned to different ontological, epistemological and methodological paradigms. Admiraal and Wubbels' (2005) study, examined the approaches to reflection deployed by lecturers teaching on educational courses and concluded that 'multi-voicedness' seemed to capture the reflective approaches taken by the teachers (p.327). Admiraal and Wubbels further claimed that 'the notion of truth' should be replaced by 'the notion of multiple voices' because no voice 'represents the truth' but every voice 'represents *a* truth' (p.328).

As we saw in the Pragmatic Theory of Truth, there is a claim that the perceptions which create knowledge must be linked to realities, however these perceptions vary from person to person thus creating multiple realities (Lehrer, 1990). It seemed quite acceptable to some of my participants in my study to link truth to multiple realities dependent on personal perception and reality. In doing this, the mental health lecturers

were able to acknowledge their students' differing perceptions and thus encourage them to listen and learn about other realities and make a critical decision on what was truth for them, whilst accepting and acknowledging other truths.

P5 referred to her teaching being more about a bricolage of ideas rather than the truth. This stemmed from her awareness over several years of teaching, that her truth was not always the same as her students' truth and that each of them brought a truth that needed to be explored and played around with in order to investigate and solve problems within theory and practice, resulting in the students being enabled to learn and gain knowledge. The term bricolage is a French word referring to something being made from what is available, a kind of do it yourself project. Seymour Papert (1993) describes bricolage, in the practice of education, as being a way to learn and solve problems by trying, testing and playing around.

Within this process, it was acknowledged that a process of negotiation in teaching is required. This involved being able to listen to students and help them develop their own ideas in order to conceptualise an understanding of what is being learned. Kincheloe (2005) discusses the notion of bricolage as being one that allows exploration of social, cultural, political, psychological and educational domains in order to understand and conceptualise these domains. He further posits that by using the conceptualisation of bricolage, qualitative research can be utilised rigorously in social enquiry in order to explore both the epistemology and ontology of the social world. This he states is done by focussing on the way things relate to each other, rather than on the thing itself, allowing the bricoleur to construct a more complex meaning and understanding.

In a similar way, P5 talked about her teaching being an eclectic mix of elements: understanding what she was teaching, her students' understanding of what was being taught, both her and the students' experiences and cultural backgrounds, thus resulting in an eclectic mix of things which she likened to a bricolage of ideas. This eclectic mix can be viewed as a bricolage to be played with in order that the students were enabled to understand theory in relation to their professional practice, based on their own experiences. The lecturer here was the bricoleur, collecting these eclectic mixes and

helping the students to play with them in order to solve problems and create their own epistemology and ontology.

5.7. The links between conceptions of truth and authenticity for both the lecturer and student within health and social care

Whilst the nature of authenticity is debated, it has been argued that for teachers to become authentic they need to experience an ongoing transformative learning process which allows them to become scholars of teaching through reflection and critical thinking (Kreber, 2013). This critical reflectivity allows for certain virtues and values to evolve within the development of scholarship in teachers (Andreson, 2000). These virtues and values are based around: thinking, knowledge collection and reading that informs teaching and research, and in turn allow the teacher to interact with students in order to help the students develop their own critical thinking and reflective practice.

We noted earlier that Kreber (2014) summarises that educationalists have suggested that critical thinking requires the student to have cognitive skills which enable them to think in a way that allows questioning and reworking knowledge, thus, in a critical way. I would like to propose that my participants were acknowledging this in their work with students when they suggested that they could accept that students needed to work through their own truths, using a process of critical thinking, in order to formulate their knowledge and individual authenticity. The concept of critical authenticity as discussed further by Kreber (2104) requires us to recognise how our views are shaped by the conditions and structures within the contexts of our experience, just as those of my participants and their students were. The context shared by them being the professions within health and social care, learning and teaching.

Some of my participants talked about being true to themselves and their own theoretical beliefs when they are teaching. If we consider some of the more literal definitions of authenticity, authenticity implies a modicum of being genuine, real or true. My interpretation is that the lecturers in my study could see that their role in teaching was to share their knowledge and understanding of theory with their students, whilst still remaining true and authentic to themselves. They accepted that students may have a different perspective and part of this different perspective was about the students' own authenticity and part of it was brought about by the lecturers

encouraging the students to think critically and work out their own truth in relation to theory. P3 illustrated this in his comment about being upset if students' work was marked as 'not true' without exploration of how the students had come to their understanding and interpretation of theory and acceptance that the students' truth may differ from his or his teaching colleagues.

We saw in the literature review that a central existential virtue, as described by Heidegger (Flynn, 2006), is the idea of living in a way that is true to self, suggesting a sense of authenticity. What some of the lecturers in my study were saying was that in order to stay in alignment with their own authenticity, they needed to remain true to themselves. Kreber (2013) suggests that indeed authenticity is typically associated with being true to one's self and has two formal dimensions within authenticity, the first one of being true to oneself in an individuation sense and the second being true oneself in a critical social theory sense. Further, within these dimensions, Kreber (2013) states that there are formal features of authenticity that can be identified as being associated with being true to oneself. So, for example, related to the first dimension are features such as caring about what life as a teacher is like and reflection on what one's own purpose in teaching is. Related to this is a consistency between personal values and actions along with confronting the truth about oneself. Features related to the second dimension are self-knowledge in relation to defining oneself and confronting the truth about self as well as reflecting in a critical way about how norms and practices have come about in teaching.

In considering the discussions with my participants, I can see that when talking about staying true to themselves, they were often talking about it in relation to the first dimension and based on their self-experience and their own personal values and truth about themselves as well as their own purpose in teaching. For example, P2 talked about bringing her own experience to something and that it would always influence the way she would feel about truth, resulting in her own authenticity. However, the participants also at times did consider the evolution of norms in teaching practice but this was more related to the impact on the student rather than in relation to their own authenticity.

It is interesting that the participants talked about practice influencing the authenticity of the theory they taught, which I will refer to as their theoretical authenticity. This can be interpreted as having several dimensions. Overall, when talking about practice in this context, the participants were referring to their professional practice in health and social care arenas. For example, P6 talked about her belief that there were strong links between her own clinical practice as a mental health nurse and her concept of truth in her teaching. P7 also believed that her social science background helped to give her a good grounding to develop authenticity in her role as an adult nurse and this in turn helped her credibility in her teaching.

In the discussions around authenticity within education, it is the academic practice of teaching and research that is central to the discussion. For example, Nixon (2004) suggests that there are attributes that are implicit within our academic practice, authenticity being one of them along with truthfulness and respect. Whilst the participants often referred to their practice as teachers within their thoughts on authenticity, it was usually in relation to their students and encouraging the students to become critical thinkers and authentic students in Barnett's (2007) terms. However, in relation to their own theoretical authenticity it was the professional practice which resonated with them before their thoughts of research and any theoretical underpinning of academic practice.

Another dimension of authenticity touched on in my Literature Review was in relation to assessment. Reference was made there to the work of O'Neill (2016). O'Neill argues that in order to be best prepared for a particular profession, an authentic way of assessing is needed in order to prepare the student not only for their own authenticity but also for the profession they are entering and the truths related to that profession. Certainly some of my participants talked about making their assessments authentic by using case studies, case conferences and the use of Objective Structured Clinical Examinations (OSCE's) in assessment of their students.

Given that the concept of authenticity has been much debated, Barnett (2007) notes that the notion of authenticity can be seen as a mirage, in that it is difficult to define and may not be easily attainable. He describes authenticity as containing ideas of agency and ownership of one's own experiences. He further suggests that authenticity

could be viewed as having elements of self-meaning and being free of restrictions to interpret and understand and learn in a prescribed way. One of the lines of reasoning behind the thought that authenticity may be a mirage is that education may not allow for it because of the prescribed nature of the curriculum preceding higher education, which does not allow for the development of inquiry based learning in the student (Hume and Coll, 2010). Barnett (2007) advocates that higher education in the western world be geared to encouraging students to learn through a process of enquiry and to 'come at things their own way' (p.43) and states that it is the lecturer's responsibility to ensure and encourage this.

With this in mind, it is reassuring to me to see that the lecturers in my research appeared to be invested in the idea that part of the lecturer's role is to support the student within their learning to be authentic. There seemed to be a general recognition that the student's truth would not necessarily be the same as the lecturer's but through discourse this could be explored to widen the learning experience. One particular way was visible in what P5 said about the student's autonomy being developed through their narratives. Her suggestion was that the student's lived experiences were told through their narratives and that these narratives themselves were reflected on over time to accommodate new experiences and other potential truths so that further interpretation could be arrived at. The other potential truths could be those of the lecturers or fellow students; and provided that the educational environment was one of encouragement, inquiry and development, the student could retain as well as develop their autonomy.

The observation that the student's lived experience was fundamental to their own development of truth and authenticity, mirrors what was discussed earlier in relation to the lecturers being true to themselves, where we saw Kreber's (2013) thought that part of being true to oneself in an authentic way incorporates self-experience. The other notable point here is the suggestion by P5 that the students reflected over time and that their narratives, truths and authenticity evolved through this. It was good to hear that students were being encouraged to practise the art of reflection in their learning too. As Johns (2013) notes, practitioners and students should be questioning their practice, using a reflective approach, in order to become both reflective practitioners and proficient practitioners.

It is also important to note that an element of critical thinking is required as part of being able to reflect. We have already seen that it was clear that the lecturers in this study encouraged their students to think critically and indeed saw this as part of their role. Aligned to this is the idea that in order to become authentic, there is a requirement to think critically and that, as part of the higher education curriculum, students should be taught this skill. Barnett (2007) also claims that becoming authentic requires an element of critical thinking. Thus there is an overlap here of critical thinking, reflection, truth and authenticity and each of these elements is required to become an authentic reflective practitioner.

Another slant on the idea that personal experience influences authenticity came from P6. She suggested that while different students may have experienced similar events or even the same event, their interpretation of the event depended on their self-experiences thus resulting in different realities for the students. This experience she said was authentic to the student and therefore the personalisation of it which influenced their interpretation allowed them to develop and revise their authenticity. This notion of student authenticity influenced her teaching, by encouraging them to work out arguments for their interpretation and to consider counter-arguments, thus enhancing their critical thinking. She avoided telling the students ‘the right way’ to think about theories and their learning so that they could identify their truth and authenticity.

Barnett (2007) talks about the term personalisation which has been introduced into school curricula and he suggests has arrived in higher education now too, whereby the student is encouraged to maintain their identity within their educational experience based on their own self experience. This he says may contribute to their idea of agency, ownership of personal experience and self-meaning and could consequently be said to be associated with the idea of authenticity. Whilst it may be true that higher education is formalising this approach, my interpretation of the participants who touched on notions of personalisation is that they were taking a much more informal approach whereby respect and encouragement of the student’s participation and experience was implicit in their teaching. My belief is that they were encouraging the student to ‘play’ with new ideas in theory, supporting them to relate the taught theories to their professional experiences and then to share their thoughts with fellow students with the

aim of instigating discussion. This seems to me to be a good approach to adult learning and the development of a questioning approach.

The subject of critical thinking was mentioned by several of the participants in relation to many of the themes, not just the theme of authenticity, suggesting to me it was a central point in how these lecturers conceived of their role. In relation to the connection between critical thinking and authenticity, P7 specifically mentioned she liked to encourage her students to think critically in order to become authentic learners and she became quite frustrated when they did not challenge themselves in this way. Ennis (2011) notes that: 'Critical thinking is reasonable, reflective thinking that is aimed at deciding what to believe or what to do' (p.1).

Taking this definition into account, it seems to me that the art of critical thinking would enhance the student's authenticity by helping them decide what they believe and indeed what they can do to support this. The professions within health and social care require action and decision making and by encouraging the process towards authenticity, students can more readily learn to make decisions and take action. Hunter (2104) observes that the process of critical thinking may lead us to knowledge and truth and that whilst he does not believe there is a categorical definition of truth, the process of critical thinking allows us to explore evidence and evaluate our own epistemic truth, this being truth which forms knowledge. In turn, I would suggest that once the student has developed this epistemic truth, they have also influenced their own authenticity.

5.8. Summary

In my discussion I have addressed the areas which were considered by my participants in relation to their understanding of the concept of truth and how this impacted on their own teaching. This allowed me to answer my research questions and, as we have seen, several themes evolved from the participants' interviews which enabled me to evaluate what contribution I can make to this area of knowledge. What I have deduced is that the theories and understanding of truth have been debated from many stances, philosophically and theoretically and some of the specifics within my themes have been well documented, such as authenticity, professional identity, health and social care attributes and formulation of health and social care knowledge. However, I

believe that what my study contributes to this area of knowledge is the demonstration of the way in which these matters were *closely intertwined* within these lecturers' conceptualisations of truth and the impact this has on the teaching of health and social care. What is also unique is that this contribution is based on nine participant's life experiences of the phenomenon and, whilst there were some commonalities, each participant was also individual in their approach and this approach might change again if a different set of participants were to be interviewed.

The main contributions I found were that the participants did not believe that there is only one truth but many truths and these many truths are based on belief and at times uncertainty. Whilst this may be uncomfortable for students, these participants thought it was part of their role to help students address this discomfort and uncertainty, which in turn helped the students to participate in a learning process. The participants thought that this learning process sometimes allowed the students to question the nature of truth and to accept that at times uncertainty was part of this process.

There was a suggestion that what was being taught in class was a theory of provisional validity rather than a truth and the idea was that theory is provisional until both the lecturer and student can explore it to test out its validity. Again, this demonstrated the importance put on the teaching role by these participants and the process which involved testing out the presence or absence of truth. They also identified the impact an understanding of truth has on identity and the professional attributes of a health and social care professional, and they were able to share this understanding with their students, discussing it with them in relation to the health and social care curricula. This was done on both a general basis as well as within the health and social care disciplines of nursing, physiotherapy, social work and pharmacy.

These participants saw an important part of their teaching role as facilitating the students' own journeys towards understanding the nature of truth in relation to their own future roles in the health and social care setting. They acknowledged that their own understanding of truth might differ from that of the students. They highlighted the need they felt to be authentic to themselves in relation to their roles as a practitioner and as a lecturer. In turn, they believed that by encouraging the students' processes of reflection and learning, the students would be able to begin their own journey towards

being authentic students and practitioners in the future. The concept of authenticity was key because it related to both the lecturer and student and underpinned the way health and social practice could be addressed. The participants' central concern to act in an authentic manner could also be framed in terms of existentialism as a search for personal meaning.

5.9. Limitations and Further Study

While I believe this study has highlighted the importance of addressing the concept of truth when teaching within the health and social care arena, I also acknowledge that there are some limitations that need to be highlighted.

The study used a phenomenological approach, which I believe was appropriate in order to get an insight into the participant's life experience. However, this did involve interviewing a small cohort of lecturers. It could be argued that a larger group would have given a different and more varied set of perspectives on the topic being investigated.

The cohort of participants were from a variety of health and social care disciplines, which for this introductory study was defensible. I would suggest that there are general principles which underpin all aspects of working with human beings that would be utilised by the mix of health and social care practitioners. However, there could have been specific interpretations and uses of the concept of truth within disciplines which to a certain extent was demonstrated in my study. This I think would be a good area to develop in future research, which would allow this study to act as a baseline, to further explore the life experiences within different health and social care disciplines which could elicit different conceptions of truth related to specific disciplines.

This study concentrated on health and social care lecturers, which is the area I am centred in. This means the characteristics of health and social work are at the centre of the findings and for this thesis that was what I was aiming to achieve. I think a future study that would provide a very interesting exercise in comparison and contrast, would be to carry out the same interviews with lecturers from different subject domains. When I did the initial pilot study, I did in fact interview lecturers from several subject backgrounds but realised this would make the thesis unwieldy and was also advised at

my progression board to refine it to the area I was familiar with. This was absolutely the right advice as I now realise, even with the nine participants in the same subject area there was much more data than I expected. However, in the future I think it would be useful to re-run the study in other subject areas, firstly to explore possible contrasts and also to see what central themes and points of comparison and contrast with the current study, emerged in these other subject areas.

Each of the themes highlighted within the discussion and derived from the Findings, could be argued to be a thesis in their own right. Again, this was an initial exploration into the understanding of truth of a small group of health and social care lecturers. However, in the future I would suggest that each theme could be explored further, in the light of the findings from this study. I think in particular more work could be done on professional identity and the understanding of truth within disciplines, the role authenticity has specifically within health and social care education and how perceptions of truth influence the knowledge base in health and social care.

Whilst I was able to talk to the participants about their perspectives on the nature of truth and the impact they perceived it had on their teaching, the study did not investigate students' perceptions of this phenomenon. Again, as an introduction to this topic, I think it was important to concentrate attention on talking to lecturers, but in the future it would be valuable to interview students about their interpretations of truth and how these interpretations are seen by them to impact on their learning. This would enable me to explore more deeply how the students may view truth and how these views may differ from those of lecturers.

It is important to acknowledge that it could be viewed that the particular methodology I chose has limitations in the number of participants. However I am firmly of the belief that it was the best way to investigate the phenomenon of the nature of truth in this context, as discussed in the earlier methodology chapter. I would encourage the idea that the lived experience of the participant is necessary to be able to understand and interpret such personal beliefs as the nature of truth. Further, to discuss the relationship of such a personal belief as this to our work in teaching and how it may impact on our students is a brave thing to do and needs to be treated with the recognition that we are

all different. Again I think IPA allows for this difference to be recognised without reproach.

Any future research I may undertake in looking at the same phenomenon, with either students or lecturers from a different discipline, would also be best done using IPA. Firstly, in order to simulate the same experience from them, thus allowing similar techniques of interpretation. However, it goes beyond this as any research of this nature, I believe, should be useful to the profession of teaching; and I would argue that this is best achieved by not only the researcher making sense of the data but also the participants being enabled to make sense of their experiences.

Reid et al (2005) suggest that, in psychology, IPA allows the capacity to make links between the understanding of the research participant's experiences and mainstream psychology. I would like to suggest that this could be similar for participants from teaching backgrounds; linking their experiences to mainstream education theory would enhance understanding of the nature of our work and the impact it has on our students. To a certain extent this has been demonstrated in this thesis where links to education theory such as critical thinking, reflection and authenticity have been made. In my case I have chosen the phenomenon of truth and how it links to our work and our students, other research looking at a different phenomenon could also achieve a fuller understanding through the use of IPA.

Chapter 6: Final Comments

The aim of my study was to explore the concept of truth as understood by the health and social care lecturers. I did not anticipate at the start of my research that in doing this I would also enable my participants to actively explore their understanding of truth in relation to their teaching. This also involved them thinking about the ways their understanding of the nature of truth may have influenced their relationships with their students and impacted on their students' learning.

Through using a phenomenological approach to the methodology, I was able to encourage the participants to think about their understanding of the nature of truth within their teaching; this at times enabled them to reflect and consolidate new ideas and knowledge about their teaching. Further, using an IPA approach to underpin this exploration with participants allowed them to tell me about how their understanding of the concept of truth evolved from their own unique lived experience within their teaching. It also aided my analysis and understanding of the phenomenon of truth by guiding me through a detailed coding which enabled me to see emerging themes in a detailed way rather than being confined to a general view that would have lacked precision.

Whilst the themes that emerged were derived from the nine participants' own lived experience and therefore unique to them, there were also some shared ideas within these themes. These shared ideas included the view that there is not just one single truth but there can be several truths which are personal to individuals based on beliefs and experiences. For this reason there was an acceptance that their students may have different truths to their lecturers; and part of the teaching process was to facilitate students to explore and reflect not just on their own truths but on other truths too. This exploration encouraged students to think critically and consider knowledge in relation to their chosen health and social care profession.

Another shared belief was that health and social care disciplines have their own truth and body of knowledge. It was this truth and knowledge that underpinned the curricula and at times it also informed the professional identity of the health and social care lecturers, students and practitioners. This also entailed that the concept of truth

involved thinking about attributes such as being honest and behaving in a moral way, which were part of working as a health and social care practitioner. All these components of understanding the nature of truth were recognised by the participants as being a part of the student's journey.

Finally, a major component of the shared ideas within the themes was the part played by authenticity. Authenticity was important in the sense of participants in their roles as lecturers, and previously as health and social care practitioners, being true to themselves. This incorporated acting in a way that was beneficial to the patient or client, whilst not harming their own sense of what was right. It also allowed them to accept that students may have a different sense of truth, whilst not losing touch with their own truths.

In relation to the students, the participants were able to accept that students may at times have a different truth which was worthy of discussion and exploration and enabled the student to gain their own sense of authenticity, first as a health and social care student and then as a practitioner. The aim therefore for the lecturers was that their own truth informed their approach to teaching which in turn had the potential to impact positively on the students and help them on their discovery of what was authentic for them.

To my mind this illustrates the essence of my research, in that a central purpose of higher education is to get students to think critically about, and consider the truth of, theories and how they can be applied to their practice, even if their interpretations vary from those of their lecturers or fellow students. Often in my teaching, I have tried to identify what the end purpose should be for me. Eventually I have concluded it is to facilitate my students to become good practitioners in the health and social care arena, by deciding for themselves what truth works for them in their chosen profession within health and social care.

Two observations made in my interviews particularly struck me as encapsulating the nature of truth for these lecturers in their teaching and support of students. The first was that what was being taught in class was a theory of provisional validity rather than a truth. To me this summarised how these lecturers were keen to encourage discussion around theory in order to assimilate it into their own versions of truth and to encourage

the students to do this too. In turn this allowed exploration of both truth and authenticity for both the lecturers and the students.

The second observation that struck me as describing what happens in the discussion of the nature of truth, was that the students were like bees buzzing round, asking questions, clarifying and exchanging views. The students would then buzz out of the hive, back into the practice area and collect more truths to bring back to the hive in order to test these truths out and talk about them. This cycle of truth testing also allowed the students to make decisions about their own truths and authenticity, whilst reminding the lecturers to reassess their own truths and authenticity.

In conducting this study, I have been struck by the thoughtfulness and enthusiasm of the participants in relation to their role as lecturers. There was an enthusiasm to both explore, understand and share their ideas on the nature of truth and how these influenced their teaching. There was also an enthusiasm to encourage and facilitate their students to explore, in the hope that it enabled them to understand their own truths and to learn. They also recognised how important these explorations were within health and social care practice.

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Appendix A

Commencement of interview

Me I have told you about myself and my background, also how I chose to be doing this research so, perhaps the best way to start is to ask you a little bit about what you teach because I'm not sure of your background and so to put it in context.

P At the moment I'm teaching a learning and assessment module, which is part of a medical and clinical education programme. It's an M level module and it's got a multitude of different ends really – GP's do it if they want to become Associate GP Trainers. We've got nurses doing it as part of their route through to get to accredited teacher status with the NMC. We have other allied health professions doing it again for teaching accreditation with their professional body because the regulator doesn't have an accredited route to the HCPC.

Then we have quite a number of staff do it for those reasons and also because they're part of a Masters programme. But it's the first module and so it's the starting point of where – people kick off on this programme. And lots of people may only do that module and the next module, they may stop at PG Cert and some will never do anything else apart from that module. So that's one of the areas of my teaching.

The other area of teaching which I do a little less of at the moment because of my role, is teaching physiotherapy students and I only teach neurological practice, I look at neurological physiotherapy because that was my area of practice.

So those are my main classroom type activities. Then I do part of the supervision of students doing Masters dissertations and Doctorate supervision. And so that's my main sort of areas at the moment.

Me So that first one does include education?

P Yes.

Me And educational processes as well?

P Yes.

Me Okay. Again, to put it into context for myself, I'm wondering if you perhaps at any stage within your teaching have you ever thought about the nature of truth or related it to any of your teaching?

P I suppose I hadn't particularly thought that I had until you sent me your email. Then I thought well actually I think particularly, in a way, in the neurological stuff I teach because that reflects the fact that we don't know still lots and lots about the nervous system, I think.

Me I see, are you able to remember an example?

P So in a way I'm always trying to get my students comfortable with the concept of uncertainty. In a way I think truth is sort of wound up in that because they would like me to say this is X, Y and Z and this is what you do about it. But I don't think honestly that I can do that because we don't know enough to be certain that that is the truth.

I think it is one of the things I try to say to them in neurology particularly is that you have to get comfortable with that concept of uncertainty and still some of what we teach is best guessed truth rather than empirically based truth. So we don't really, even now, know how we can influence recovery in some aspects of neurological conditions. If we did know then we would get everybody better sort of thing. So there is a lot that we do that's based on assumption and sort of evidence based to an extent but not really the sort of evidence you would absolutely stake your life on necessarily.

So, I think the fact that we're still understanding how the nervous system works and how it recovers and how we can influence that recovery means that you've got – to me personally the truth is bound up in certainty I suppose and you can't be absolutely certain. I am always fascinated when I watch or listen to some of my colleagues in physiotherapy talking. One of the reasons that I never went into musculoskeletal physiotherapy practices is a lot of those practitioners seemed to have an absolute certainty about what's the truth in relation to what they're doing, and so they are very diagnostic driven and they will be absolutely certain that this is what's wrong with you.

I shouldn't tell you this but actually really people aren't that certain. There are very few gold standard examinations and so you see people doing these tests and they'll say, "Oh, yes, this is what is wrong with you". When I think actually we don't really know that and short of opening you up and having a look you're not really going to know exactly what is going on.

I think that's one of the reasons why I didn't end up – because when I first went into physiotherapy and I always thought that is where I would go and I think I didn't because I'm not somebody who can stand there going, "Oh, yes, this is definitely this", when actually I think well I don't know if it is really. It could be X, Y or Z.

Me Yes, I see –

R: And I think to be that sort of practitioner you have to be somebody who could believe what they're saying and I can't believe that because I think actually the evidence isn't that sort of robust.

I've done some external examining recently with osteopaths and they're incredibly bio-medical, very diagnostic driven and they'll tell people this is what's wrong with you and people love it. Patients love to have a diagnostic label because it makes them feel good but it's not really necessarily the truth because it can't possibly be.

So, I have thought about it but not really necessarily in relation to the truth but that's basically where I'm coming from I think.

Appendix B.

Example of words used in relation to Truth

Knowledge
Understanding
Reasoning
Validity
Critical thinking
Authenticity
Theory/ practice in relation to knowledge
Reflection
Beliefs
Cultural truths
Metaphysical
Uncertainty concept
Certainty versus uncertainty
Knowing
Assumption
Existence
Evidence
Absolute
Professionalism
Accuracy
Facts